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Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, A.
Account Number : 072720000036
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PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

FLORIDA/FOREIGN LIMITED LIABILITY COMPANY
SUMMERBROOKE, LLC

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FROM:

Name:
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Company:
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**ARTICLES OF ORGANIZATION
OF
SUMMERBROOKE, LLC**

ARTICLE I - NAME

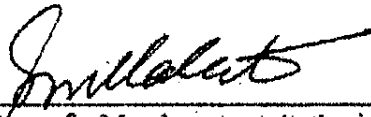
The name of this limited liability company is SUMMERBROOKE, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the Company is 5200 Vineland Road, Suite 200, Orlando, Florida 32811 and the street address of the principal office of the Company is 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Gary M. Kaleita.



Signature of a Member or an Authorized
Representative of a Member

Gary M. Kaleita

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



Gary M. Kaleita

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