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BANYAN LAKES MANAGER LLC

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COVER LETTER

TO: Registration Division of C			
SUBJECT: Bany	an Lakes Manager Li	LC	
Sobject,		ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	2 2
Clifford Es	her		09 ST
 		(Name of Person)	LP A OF
Seyfarth S	haw LLP		60 8
		(Firm/Company)	Ž.
2 Seaport I	Lane, Suite 300		09 SEP -8 PM 12: 56
		(Address)	0,
Boston, M.	A 02210		
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Clifford Esher		at (617) 946-4811 (Area Code & Daytime Telephone Number)	
(Nam	e of Porson)	(Area Code & Daytime Telephone Number)	
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLE I - Nat	ne:	
The name of the L	imited Liability Com	pany is:
Banyan Lakes N	Manager LLC	
		nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad	drage	
		of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address: 6001 Broken Sound Parkway
6001 Broken So	und Parkway	6001 Broken Sound Parkway
Suite 504		Suite 504
Boca Raton, FL.	33487	Boca Raton, FL 33487
(The Limited Liability Co		Boca Raton, FL 33487 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the l	Florida street address	of the registered agent are;
	NRAI Services, I	nc.
		Name
	2731 Executive I	Park Drive, Suite 4
	Florida	street address (P.O. Box NOT acceptable)
	Weston	FL 33331
		y, State, and Zip

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, F.S..

> NRAI Services, Inc. BY: Welson Registered Agent's Signature (REQUIRED)

> > (CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR 3G Capital Ventures LLC 6001 Broken Sound Parkway, Ste 504 Boca Raton, FL 33487 MGR RL Banyan LLC 555 Fifth Avenue, 6th Floor New York, NY 10017 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Cleshene Bun.
Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carhenha Branc
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)
\$ 5.00 Certifleate of Status (Optional)

ARTICLE V: Effective date, if other than the date of filing: