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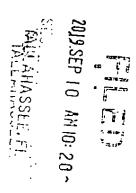
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COVER LETTER

TO: Registration Section Division of Corporations		
Marina Landing-Osceola Pin SUBJECT:	es, LLC	
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following	:
Holly L. Collins		
Name of Person		
Nelson Mullins Broad and Cassel		
Firm/Company	-	
390 N. Orange Avenue, Suite 1400		
Address		
Orlando, Florida 32801		
City/State and Zip Code		
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future annu	al report notification	n)
For further information concerning this matter, plea	se call:	
Holly L. Collins	407 at (839-4200
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

authority	to section 605.0302(1). Florida Statutes, this limited liability company submits the following:		
FIRST:	The name of the limited liability company is: Marina Landing-Osceola Pines, L	LC	_
SECON	D: The Florida Document Number of the limited liability company is: L13000177710)	_
THIRD:	The street address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400		
	Orlando, Florida 32801		
	The mailing address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400		
	Orlando, Florida 32801		
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company	or to a specific	3
	a. Granted to: C. David Brown, II Holly L. Collins	ALLAHAS	,
	b. No authority granted to:	: 627	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation of the com	. 0	
	b. No authority granted to:		
Ho	Holly Collins		
Signature	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature .	