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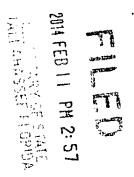
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: SEA BREEZE MOBILE HOME COMMUNITY		
Name of Limited Liability Company	-	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHRISTOPHER L. MEACHAM		
Name of Person		_
MEACHAM & EARLEY, P.C.		
Firm/Company		-
P.O. BOX 9031		
Address		
COLUMBUS, GEORGIA 31908		
City/State and Zip Code KGREEN@MEJLAW.NET	33.50 5 A to	_ [
E-mail address: (to be used for future annual report notification)		2
For further information concerning this matter, please call:	が	57
CHRISTOPHER L. MEACHAM $_{\rm at}$ 706 $_{\rm o}$ 576-4064		
Name of Person Area Code Daytime Telephone Number	-	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 F} \text{\$Certified Copy (additional copy is enclosed)} \$Certified Copy (e of Status . Copy	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SEA BREEZE MOBILE HOME COMMUNITY, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Soa Breeze MHP 901 Massa chusetts Avenue Pensacola, FL 32505 Long Beach, CA 90803
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
CHARLES A. CURRAN, ESQ.
Name
106 TALLAHASSEE STREET
Florida street address (P.O. Box NOT acceptable)
CARRABELLE, FL 32322
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 60%, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

l'itle:	Name and Address:
'AMBR" = Authorized Me	
'MGR" = Manager	
MGR	GARY OSTERBERG
	4105 E. BROADWAY, SUITE 300
	LONG BEACH, CALIFORNIA 90803
AMBR	NANCY MCKEE
	533 DOUBLE CHURCHES ROAD
	COLUMBUS, GEORGIA 31904
V: Effective date, if other	nan the date of filing: (OPTIONAL)
EV: Effective date, if other ctive date is listed, the date	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
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CV: Effective date, if other etive date is listed, the date if filing.) CVI: Other provisions, if an exercise Signature (In accordance constitutes an I am aware the etive date, if other etive date,	must be specific and cannot be more than five business days prior to or 90 Many May Lare of a member or an authorized representative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)