

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0171
904-222-0191 FAX

800-142-8006



L9500000310

ACCOUNT NO. 8721000002

REFERENCE : 581969 6460A

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 337.50

ORDER DATE : April 19, 1995

ORDER TIME : 11:41 AM

ORDER NO. : 581969

300001460253

CUSTOMER NO: 6460A

CUSTOMER: Ms. Pattie Callahan
LOWNDES DROSDICK DOSTER
KANTOR & REED
215 North Eola Drive

Orlando, FL 32801

DOMESTIC FILING

NAME: 1270 ORANGE AVENUE L.C.

ARTICLES OF ORGANIZATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: _____

RECEIVED
95 APR 19 PM 12:23
DIVISION OF CORPORATIONS

FILED
95 APR 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 20, 1995

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: 1270 ORANGE AVENUE L.C.
Ref. Number: W95000008464

We have received your document for 1270 ORANGE AVENUE L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 295A00018557

ARTICLES OF ORGANIZATION
OF
1270 ORANGE AVENUE L.C.

FILED
95 APR 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is 1270 Orange Avenue L.C. (the "Company").

ARTICLE II - DURATION

The duration of the Company shall be perpetual.

ARTICLE III - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company shall be Two Ravinia Drive, Suite 1590, Atlanta, Georgia 30346.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Company is 2 Corporate Drive, Suite 300, Clearwater, Florida 32622, and the name of the initial registered agent of this Company at that address is Alton R. Neal.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The Members of the Company shall have the right to admit additional Members. A proposed additional Member of the Company shall be admitted as a Member upon the affirmative vote of all of the Members of the Company.

ARTICLE VI - CONTINUATION

The remaining Members of the Company may agree by the affirmative vote of such Members owning a majority of the profits interests and a majority of the capital interests in the Company to continue the business and affairs of the Company in the event of

the death, insanity, bankruptcy, retirement, resignation, expulsion or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company.

ARTICLE VII - MANAGER

The business and affairs of the Company shall be managed by a manager (the "Manager"). The initial Manager of the Company who shall serve in such capacity until the first annual meeting of the Members of the Company or until his successor is elected and qualifies shall be W. Jackson Hamilton III, whose address is Two Ravinia Drive, Suite 1590, Atlanta, Georgia 30346.

ARTICLE VIII - AUTHORITY OF MANAGER

The Manager shall have the sole authority to manage the Company and is authorized to make any contracts, enter into any transactions, and make and obtain any commitments on behalf of the Company to conduct or further the Company's business.

ARTICLE IX - NO AUTHORITY OF MEMBERS

No Member is an agent of the Company or has the authority to make any contracts, enter into any transactions, or make any commitments on behalf of the Company.

IN WITNESS WHEREOF, the undersigned Member of the Company has executed these Articles of Organization this 14th day of April, 1995.

Alexander T. Parkinson
ALEXANDER T. PARKINSON Member

AFFIDAVIT

STATE OF GEORGIA
COUNTY OF DeKalb

BEFORE ME, the undersigned authority, personally appeared Alexander T. Parkinson, who after being duly sworn, deposes and says as follows:

1. I am a member of 1270 Orange Avenue, L.C. (the "Company"). The Company has at least two members.

2. \$ 400,000.00 in cash and no other property will initially be contributed to the Company by its members. The members of the Company do not anticipate contributing any further property or cash and that the total amount of anticipated contributions is \$400,000.00.

Alexander T. Parkinson
ALEXANDER T. PARKINSON Member

SWORN TO AND SUBSCRIBED) before me this 14th day of April, 1995 by Alexander T. Parkinson who took an oath and who is personally known to me or produced identification. Identification: GA Driver's License.

Davis L. Davis
Printed Name: DAVIS L. DAVIS
NOTARY PUBLIC, State of GEORGIA
Commission No. _____
My Commission Expires: _____

Notary Public, Fulton County, Georgia
My Commission Expires June 30, 1996

(Notary Seal)

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 Article IV of these Articles of Organization, 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.


Alton R. Neal

FILED
95 APR 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

181317


FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

04/15/96 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000310

1270 ORANGE AVENUE L.C.
~~TWO RAVINA DRIVE~~
~~SUITE 300 1590~~
ATLANTA GA 30346

1b. Principal Place of Business Address

~~TWO RAVINA DRIVE~~
~~SUITE 300 1590~~
ATLANTA GA 30346

If above mailing address is correct in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
	1270 ORANGE AVENUE L.C.	04/20/1995	FL
Suite, Apt #, etc	Suite, Apt #, etc	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
TWO RAVINA DRIVE, STE 1590	TWO RAVINA DRIVE, STE 1590	58-2176137	
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
ATLANTA, GA	ATLANTA, GA	-/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
30346	USA		

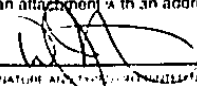
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
NEAL, ALTON R 2 CORPORATE DRIVE SUITE 300 CLEARWATER FL 32622	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City
	400001730774 04/20/95 Code 1103 001 FL 38.75 444238.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (F0311) (Registering Agent Signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HAMILTON, W. JACKSON	TWO RAVINA DRIVE, SUITE 15 ¹⁵¹⁰ SUITE 1590	ATLANTA GA

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  4/15/96 770 395 6895

SIGNATURE AND TITLE OF REGISTERING AGENT OR REGISTERING AGENT'S EMPLOYEE Date Daytime Phone #