

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

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CSC networks
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LEGAL & FINANCIAL SERVICES

L95000000798

ACC NO. : 072100000032

400001620154
-10/25/95--01078--019
****675.00 ****337.50

REFERENCE : 712417 81030A

COST LIMIT : 9 CLIENT PREPAID

ORDER DATE : October 19, 1995

ORDER TIME : 9:58 AM

ORDER NO. : 712417

CUSTOMER NO: 81030A

CUSTOMER: Ms. Katheryn S. Prosser
BUSCHMAN AHERN AND PERSONS
P. O. Box 50006
Jacksonville Bh, FL 32240-0006

DOMESTIC FILING

NAME: 224 N. THIRD, L.C.

XX ARTICLES OF ORGANIZATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Colby D. Griffin

EXAMINER'S INITIALS: _____

FILED
95 OCT 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W95-20904
324
395A-000714

RECEIVED
95 OCT 19 PM 11:08
DIVISION of CORPORATION

4
250.00
35.00
61.25
337.50

Use AS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 19, 1995

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: 224 N. THIRD, L.C.
Ref. Number: W95000020904

We have received your document for 224 N. THIRD, L.C. and check(s) totaling \$675.00. However, your check(s) and document are being returned for the following:

This document can't be filed until the other one is returned because it's only one check.

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 395A00047214

Resubmit

RECEIVED
95 OCT 20 PM 12:08
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

OF

224 N. THIRD, L.C.

FILED
95 OCT 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the limited liability company, referred to in these Articles as "Company", is 224 N. THIRD, L.C.

ARTICLE II

DURATION

The Company shall exist perpetually, beginning on the date these Articles of Organization are filed with the Florida Department of State.

ARTICLE III

MAILING ADDRESS

The mailing and the street address of the Company's principal place of business is 1328 North Third Street, Jacksonville Beach, Florida 32250.

ARTICLE IV

REGISTERED AGENT AND OFFICE

The name of the Company's initial registered agent is FRED L. AHERN, JR. The street address of the Company's registered office in Florida is 2215 South Third Street, Suite 101, Jacksonville Beach, Florida 32250.

ARTICLE V

ADMISSION OF NEW MEMBERS

Members shall have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time new members are admitted.

ARTICLE VI

MANAGEMENT

The Company is to be managed by managers. Each initial manager will serve until the first annual meeting of the members. The initial managers are identified as follows:

JOSEPH P. ECKSTEIN
172 San Juan Drive
Ponte Vedra Beach, Florida 32082

BART A. WALCHLE
737 Spinnaker Reach
Ponte Vedra Beach, Florida 32082

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned have executed these Articles of Organization on this ____ day of October, 1995.

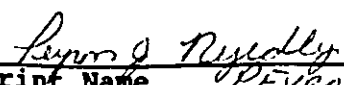

JOSEPH P. ECKSTEIN


BART A. WALCHLE

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 18th day of October, 1995, by JOSEPH P. ECKSTEIN and BART A. WALCHLE, who are personally known to me or produced Florida driver's licenses or as identification.

NOTARY PUBLIC


Print Name PEYRON J. NEJEDLY
Commission expires: 5-29-99
Commission #:
(seal)



PEYRON J. NEJEDLY
MY COMMISSION # CC441563 EXPIRES
May 29, 1999
BONDED THRU TROY FARM INSURANCE, INC.

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for 224 N. THIRD, L.C., a limited liability company, at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with my obligations as the result of service as registered agent.

Dated this 18th day of October, 1995.



FRED L. AHERN, JR.

FILED
95 OCT 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTION

STATE OF FLORIDA
COUNTY OF DUVAL

The undersigned member of 224 N. THIRD, L.C., deposes and says as follows:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$500.00.
3. No property other than cash will be contributed by the members.

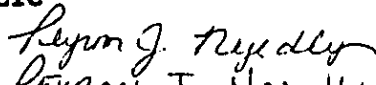
In accordance with Section 608.408(3) of the Florida Statutes, the execution of this Affidavit constitutes an affirmation under penalty of perjury that the facts stated herein are true.

Dated October ____, 1995.


JOSEPH P. ECKSTEIN

Sworn to and subscribed before me this 18th day of October, 1995, by JOSEPH P. ECKSTEIN, who is personally known to me.

NOTARY PUBLIC


Print Name PEYRON J. NEJEDLY
Commission expires: 5-29-99
Commission #: _____
(seal)



PEYRON J. NEJEDLY
MY COMMISSION # 00441563 EXPIRES
May 29, 1999
BONDED THRU TROY FARM INSURANCE, INC.

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF REVENUE	
ANNUAL REPORT		SECRETARY OF STATE	
1996		DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$128.75 Corporation Supplemental Fee	
Name and Mailing Address of Limited Liability Company		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
DOCUMENT #L95000000798			
224 N THIRD, L.C. 1328 N THIRD ST JACKSONVILLE BEACH FL 32250		1a. Principal Place of Business Address 1328 N THIRD ST JACKSONVILLE BEACH FL 32250	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a			
2a. Principal Place of Business		2b. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
10/19/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3341398			
5. Date of Last Report		6. Certificate of Status Desired	
		<input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
AHERN, FRED L JR 2215 S THIRD ST SUITE 101 JACKSONVILLE FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ECKSTEIN, JOSEPH P	172 SAN JUAN DR	PONTE VEDRA BEACH FL
MGR	WALCHLE, BART A	737 SPINNAKER REACH	PONTE VEDRA BEACH FL
L2C + FLL		01-0032	600001732876 -03/05/96--01098--003 ***238.75 ***238.75
3/1/96			
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 _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			