

Document Number Only

L95000000841

FILED
NOV 2 11 10:45
1995

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

200001631082
-11/07/95--01076--008
****210.00 ****105.00

200001631082
-11/07/95--01076--009
****285.00 ****285.00

GAMI Cypress Creek, LLC

RECEIVED
NOV 2 11 10:05
1995

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Disolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of N.A.
- Fictitious Name
- CUS/ G/B
- After 4:30
- Pick Up

(2)

Name _____

Availability _____

Document Examiner _____

Updater _____

Verifier _____

Acknowledgment _____

W.P. Verifier _____

4:30
11-2-95
CALL Melanic
if money is wrong

PLEASE RETURN EXTRA COPY(S)
FILE NUMBER *1280.00*

FILING _____

R. AGENT *35.00*

C. COPY *105.00*

TOTAL *390.00*

N. BANK _____

BALANCE DUE _____

REFUND _____

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

GAMI Cypress Creek, LLC

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

22 Brent Road
Lexington, MA 02173

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

30 years

ARTICLE IV - Management

(check and complete the appropriate statement)

// The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(s) of such manager(s) who is/are to serve as manager(s) is/are:

/X/ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

GAMI Properties Florida, Inc.
22 Brent Road
Lexington, MA 02173

FILED
MAY 10 11 5
MILLERSBURGH, FLORIDA

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

**C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324**

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

**c/o C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324**

***ARTICLE VII - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

***ARTICLE VIII - Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
GAMI Cypress Creek, LLC deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000. This total includes amounts from 2 and 3 above.

GAMI Properties Florida, Inc.

By: Jinesh Patel, its President

Signature of a member or authorized representative of a member.
(In accordance with section 608.402(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jinesh Patel, Pres.

FILING FEE: \$250 for Articles of Organization and Affidavit

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

C T CORPORATION SYSTEM

By



(Signature)

(Date)

EDWARD GWISDALLA
Assistant Vice President

(Type Name of Officer)

(Title of Officer)

*(Optional)

FILED
SEP 2 11 10 AM '45
TALLAHASSEE, FLORIDA

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstate: \$730.75

APPROVED
AND
FILED

96 SEP 18 PM 12:01

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
\$ 263.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000841

GAMI CYPRESS CREEK, LLC
22 Brent Road
Lexington, MA 02173

1a. Principal Place of Business Address
Cypress Creek Inn
4900 Powerline Road
Ft. Lauderdale, FL 33309

If above mailing address is incorrect 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
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/02/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0628186	
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	
C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company hereby makes 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 its 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
MGRM	GAMI PROPERTIES FLORIDA	22 Brent Road	Lexington, MA 02173
			600001952896 -09/20/96--01059--002 ****263.75 ****263.75

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: [Signature] 9/16/96 (954) 776-4880
Daytime Phone #