

Document Number Only

*L95000000975*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200001671142  
-12/26/95--01085--002  
\*\*\*\*285.00 \*\*\*\*285.00

*Exton Plaza GP, L.L.C.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                               | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                            |   |   |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                              | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Reinstatement                        |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS/ G/S           |
| <input type="checkbox"/> Call When Ready                      | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In                   | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                             |   |   |

Name
Availability
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Acknowledgment
W.P. Verifier

*3:00*

*12/19/95*

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FILE STAMPED

*file 1st*

**ARTICLES OF ORGANIZATION FOR EXTON PLAZA GP, L.L.C.**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

EXTON PLAZA GP, L.L.C.

**ARTICLE II - Address**

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

293 Wychmere Terrace  
West Palm Beach, Florida 33414

**ARTICLE III - Duration**

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

until December 31, 2040

**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(es) 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 name(s) and address(es) of the managing member(s) is/are:

Roger Whyman  
293 Wychmere Terrace  
West Palm Beach, Florida 33414

Joseph A. Flotteron  
c/o Roger Whyman  
293 Wychmere Terrace  
West Palm Beach, Florida 33414

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**ARTICLE V - Registered Agent**

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

Roger Whyman  
293 Wychmere Terrace  
West Palm Beach, Florida 33414

**ARTICLE VI - Registered Office**

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

293 Wychmere Terrace  
West Palm Beach, Florida 33414

12/12/95

(Date)

*Roger Whyman*

(Signature of Member or the Authorized Representative of a Member)

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and 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.

By

*Roger Whyman*  
(Signature)

12/12/95  
(Date)

ROGER WHYMAN

(Type Name of Officer)

(Title of Officer)

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TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

Exton Plaza GP, L.L.C. deposes and says:


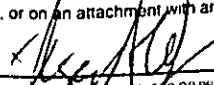
- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 100.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 100.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.  
(In accordance with section 608.402(5), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 238.75</b>		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>EXTON PLAZA GP, L.L.C.</b> <b>293 WYCHMERE TERRACE</b> <b>WEST PALM BEACH FL 33414</b>		<b>DOCUMENT #L95000000975</b>  1a. Principal Place of Business Address <b>293 WYCHMERE TERRACE</b> <b>WEST PALM BEACH FL 33414</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified <b>12/19/1995</b>  4. FEI Number  5. Date of Last Report <b>N/A</b>	
2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3a. State of Formation <b>FL</b>  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>WHYMAN, ROGER</b> <b>293 WYCHMERE TERRACE</b> <b>WEST PALM BEACH FL 33414</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>	
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 _____ <small>(Registered Agent Accepting Appointment) (If I/E Registered Agent signature required when registering)</small>			
10. Title	Managing Members-Managers	Business Street Address	City, State and Zip Code
MGRM	WHYMAN, ROGER	293 WYCHMERE TERRACE	WEST PALM BEACH FL
MGRM	FLOTTERON, JOSEPH A	293 WYCHMERE TERRACE	WEST PALM BEACH FL
			<b>100001868091</b> <b>-06/19/96--01146--008</b> <b>****263.75 ****263.75</b> <b>6-14-96</b>
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.			
<b>SIGNATURE:</b> 		<b>Roger Whyman</b> Managing Member	Date <b>6/10/96</b>