MANA

	ACCOUNT NO.	: 0721000	00032				
	REFERENCE	3 : 221157					
	AUTHORIZATION	i: Pa	tucia	Pujut			
	COST LIMIT	: \$ 337.5		<i>00</i>			
ORDER DATE	E : January 14	l, 1997			-		
ORDER TIME	3 : 10:59 AM						
ORDER NO.	: 221157-005	i					
CUSTOMER 1	NO: 4301893	•		90000	205	75	49
CUSTOMER:	Susan Fields, REID & PRIEST	Legal Asst		:			
	40 West 57th	Street			TALL SEC	97	
	New York, NY	10019			RFT: AHAS	JAN	F
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NAM	ME: PALLAZZ	Gables Ball.C.			ORID/	2: 45	
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	EFFECTI	IVE DATE:					
	ICLES OF ORGANI FIFICATE OF LIM		RSHIP			.)	
PLEASE RET	TURN THE FOLLOW	NING AS PROO	F OF FI	LING:		:	
	ERTIFIED COPY	NDV.				•	
	LAIN STAMPED CO ERTIFICATE OF G		rc.				

EXAMINER'S INITIALS:

CONTACT PERSON: Richard W Whittaker



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 14, 1997

CSC NETWORKS 1201 HAYS ST TALLAHASSEE, FL 32301

SUBJECT: PALLAZZO L.C. Ref. Number: W97000000950

STATE

SUBMISSION OSIGNAS OR PROPERTY OF THE OSI

We have received your document for PALLAZZO L.C. and the authorization to debit your account in the amount of \$337.50. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6915.

Pamela Hail Document Specialist

Letter Number: 297A00001924

ARTICLES OF ORGANIZATION FOR

PALLAZZO GABLES L.C.



ARTICLE I

The name of the Limited Liability Company is PALLAZZO GABLES L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is 7360 Southwest 165th Street, Miami, Florida 33157.

ARTICLE III Duration

The period of duration for the Limited Liability Company shall be from the date hereof until December 31, 2010, or until terminated in accordance with the provisions of the Operating Agreement, whichever shall occur earlier.

ARTICLE IV

The Limited Liability Company is to be managed by the members and the name and address of the managing member is Robert J. Reger, Jr., 2200 Hunter Brook Rd., Yorktown Heights, NY 10598.

ARTICLE V Admission of Additional Members

The remaining members shall have the right to admit additional members from time to time. Such additional members shall execute written acceptances and adoptions of the provisions of the Operating Agreement.

ARTICLE VI Members Rights to Continue Business

The remaining members shall have the right to continue business on the death, insanity, bankruptcy, dissolution, retirement, resignation, expulsion, or withdrawal of any Member upon a vote or written consent of a majority in interest of all remaining members within 180 days after such event.

IN WITHERS WHEREOF, these Articles of Organization have been subscribed this 8th day of January, 1997, by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

Robert J. Reger Managing Member

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

	The undersigned member or authorized representative of a member of	
	PALLAZZO GABLES 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	\$315.000
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.	is \$
4)	the amount of cash or property anticipated to be contributed by member(s) is	\$
5)	the total amount of 2, 3, and 4 is	\$ 315,000

Signature of a member or authorized representative of a member, (In accordance with section 608.408(3), Florids Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The na	me of the limited liability company is:	<u>P</u> ALLAZZO	GABLES	L.C	
2. The na	me and address of the registered agent and office	e is:			
	Frederick D. Laub				
_	(Name)	<u> </u>		T _S	ဖ
	7360 Southwest 165th St	treet		FEG.	7
_	(P.O. Box or Mail Drop Box Not soos			AET.	N T
	Miami, FL 33157			ASS	=======================================
_	(City/State/Zip)			AIIASSEE, FLORIDA	FILED JAN 14 PH 2:45
Having ha	an named as registered agent and to accept servi	ice of proc	cess for	the above	stated

limited Bability company of 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 familier with and accept the obligations of my position as registered agent.

Mecenter 9th, 1996