L99UTZ WEBB BOB & ESTAD /608

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PLEASE REPLY TO: TALLAHASSEE

200002817302-

February 19, 1999

VIA HAND-DELIVERY

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32301

RE: Homestead Leisure Associates, LLC

Dear Madam/Sir:

Enclosed for filing are the original Articles of Organization with one copy, for the above referenced Florida limited liability company together with a check in the amount of \$346.25 made payable to "Department of State" to cover the costs of the filing fee, registered agent's fee, a certified copy and a certificate of status.

Please call Pam Mills locally at <u>521-0890</u> when the documents are ready for pick-up or if you have any questions concerning the filing. Thank you very much for your assistance.

Sincerely,

Susan E. Avellone, CLA

SEA/pam Enclosures

81:1 MJ 72 NAM 69

SECEIVED

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Document
Examiner
Updater
Verifyer
Acknowled ment
W. P. Verifyer

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I - Name:

The name of the Limited Liability Company is:

Homestead Leisure Associates, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

31550 Northwestern Highway, Suite 200 Farmington Hills, Michigan 48334

ARTICLE III - Duration:

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

ARTICLE IV - Management (Check the appropriate box and complete the 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:

Spencer M. Partrich
Mickey Shapiro
31550 Northwestern Highway
Suite 200
Farmington Hills, Michigan 48334

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:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Admission of additional Members is subject to approval of the Managers.

ARTICLE VI - 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:

The Members have the unlimited right to continue the business of the Company following a withdrawal event of a Member so long as there will be at least one remaining Member.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Homestead Leisure Associates, LLC certifies:

1) the above named limited liability company has a least one member;	
2) the total amount of cash contributed by the member(s) is:	\$1,800,000.00;
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); and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is:	\$ <u>1,800,000.00;</u>
By: Signature of a member or an authorized representative of a m	nember

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

Spencer M. Partrich
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Homestead Leisure Associates, L.L.C.	MAR 24	SION OF CO
2.	The name and the Florida street address of the registered agent are:	PH 2:	RPORAT
	David Eastman	0	SNOL
	Florida street address (P.O.Box NOT acceptable)	•	
	Tallahassaee, Florida 32301	÷	. *

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 provision: 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.

David Zaf

Filing Fee: \$35.00 for Designation of Registered Agent