

L99000006399

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-10/05/99-01058-019
****125.00 ****125.00

CORPORATION(S) NAME

Tamarac Powell, L.L.C.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <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 **MJH**
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

10/05/99

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DIVISION OF CORPORATIONS
99 OCT -5 AM 8:19

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99 OCT -5 AM 11:34
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
TAMARAC POWELL, L.L.C.**

Under Section 608.407 of the Florida Limited Liability Company Act.

The undersigned, being a resident of the State of Florida and acting as the initial member (the "Managing Member") of the limited liability company (the "Company") hereby being formed under Section 608.407 of the Florida Limited Liability Company Act (the "Act"), certifies that:

FIRST: The name of the Company is TAMARAC POWELL, L.L.C.

SECOND: The term of the Company shall commence upon the date of filing of these Articles of Organization with the Department of State of the State of Florida and shall thereafter be perpetual.

THIRD: The mailing address and street address of the Company is Innsbrook Resort, 36750 U.S. Highway 19, Tarpon Springs, Florida 34689.

FOURTH: The name and address of the Registered Agent for service of process is CT Corporation Systems, 1200 South Pine Island Road, Plantation, FL 33324, who has signed below to acknowledge that it is familiar with and accept the obligations of that position.


CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Signature of Registered Agent)

FIFTH: (a) The Company is formed for the sole object and purpose of, and the nature of the business to be conducted and promoted by the Company is, holding a 18.33% partnership interest in, and act as the general partner of Don Carter Lanes of Florida, Limited, an Ohio limited partnership (the "Partnership").

(b) Notwithstanding the generality of the foregoing, the Company is not formed and does not have the power for so long as the Company remains as and acts as the General Partner of the Partnership to (i) incur indebtedness of any kind, whether secured or unsecured; recourse or non-recourse, in favor of any person; (ii) hire any employees; and (iii) engage in any business other than acquiring, owning, holding and exercising its rights and powers and performing its duties and obligations as the general partner of the Partnership.

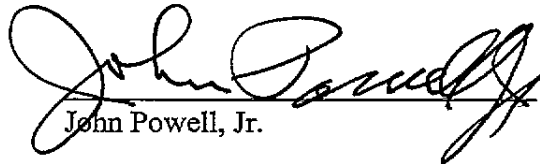
The Managing Member will have full power and authority to execute and deliver in the name of and on behalf of the Company such documents or instruments as the

PREPARED BY:
Jay M. Sakalo, Esq.
Florida Bar No. 0156310
STROOCK & STROOCK & LAVAN LLP
3300 First Union Financial Center
Miami, Florida 33131-2385
(305) 358-9900

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Managing Member deems appropriate for the conduct of the Company's business in accordance with this Agreement. No person, firm or corporation dealing with the Company will be required to inquire into the authority of the Managing Member to take any action or make any decision.

IN WITNESS WHEREOF, the undersigned Member has subscribed these Articles and does hereby affirm the foregoing as true under the penalties of perjury, this 30 day of September, 1999.

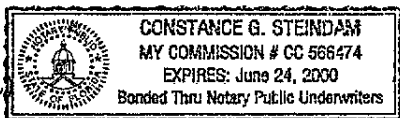

John Powell, Jr.

STATE OF Florida)
) ss:
COUNTY OF Brevard)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared John Powell, Jr., who is known to me and known by me to be the person who executed the foregoing Affidavit of Membership and Capital Contributions to Tamarac Powell, L.L.C. (the "Company"), or who presented _____ as identification, and he acknowledged to me and before me that he executed this Affidavit as the managing member of the Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 30th day of September, 1999.

(SEAL)



Constance G. Steindam
Notary Public, State of Florida

My commission expires: June 24, 2000