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Document Number Only

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

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****125.00 ****125.00

CORPORATION(S) NAME

Tamarac Rose, 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 |
| <hr/> | | |
| <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 **MJH**
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

10/05/99

99 OCT -5 AM 8:31

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -5 AM 11:34

RECEIVED

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
TAMARAC ROSE, L.L.C.

Under Section 608.407 of the Florida Limited Liability Company Act.

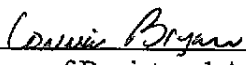
The undersigned, being a resident of the State of Florida and acting as the initial member (the "Managing Member") of the limited liability company (the "Company") hereby being formed under Section 608.407 of the Florida Limited Liability Company Act (the "Act"), certifies that:

FIRST: The name of the Company is TAMARAC ROSE, 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 7025 Winds Shores, Sylvania, Ohio 43650.

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.



(Signature of Registered Agent)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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 16.33% 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.

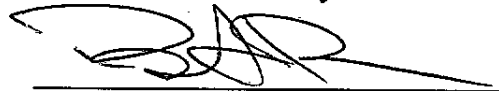
The Managing Member will have full power and authority to execute and deliver in the name of and on behalf of the Company such documents or instruments as the

PREPARED BY:
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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 30th day of September, 1999.

A handwritten signature in black ink, appearing to be 'Burton Rose', written over a horizontal line.

Burton Rose

STATE OF ~~Florida~~ OHIO)
) ss:
COUNTY OF LUCAS)

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 Burton Rose, 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 Rose, 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)


Notary Public, State of ~~Florida~~ Ohio

My commission expires:

KAREN A. LOHMEYER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JAN, 15, 2001