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660 East Jefferson Sti	reet	-
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Tallahassee, FL 32301	(850)222-1092	7000029557678
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CORPORATION	ON(S) NAME	***************************************
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		with the words "limited liability con not so contained in the name at pres	
DELAWARE		3. 59-3583659	-
(Jurisdiction under the law of which company is organized)	h foreign limited	liability (FEI number, if app	licable)
TUNE 25, 1999		PERPETUAL	
(Date of Organization)	(Duration: Year limited liability cocease to exist or "perpetual")	ompany will
AUGUST 10, 1999 –			
(Date first transacted	business in Florid	da. (See sections 608.501, 608.502 a	nd 817.155, F
c/o Pasco Acquisition, 400 North Tan	npa Street	+ · · · · · · · · · · · · · · · · · · ·	
c/o Pasco Acquisition, 400 North Tan		i	
C/o Pasco Acquisition, 400 North Tan Tampa, Florida 33602 Attn: Vice Pr	esident	lress of principal office)	bilden a real sec
Tampa, Florida 33602 Attn: Vice Pr	esident (Street add	lress of principal office)	manager [M
Tampa, Florida 33602 Attn: Vice Pr	esident (Street add	lress of principal office) managing member [MGRM] or pany in Florida: (attach addition	
Tampa, Florida 33602 Attn: Vice Pr	esident (Street add	managing member [MGRM] or	
Tampa, Florida 33602 Attn: Vice Pr List name, title, and business as will manage the foreign limited	esident (Street add ddress of each I liability comp	managing member [MGRM] or pany in Florida: (attach addition	al page if ne
Tampa, Florida 33602 Attn: Vice Pr List name, title, and business a will manage the foreign limited NAME & ADDRESS:	esident (Street add ddress of each I liability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	al page if ne
Tampa, Florida 33602 Attn: Vice Pr List name, title, and business as will manage the foreign limited NAME & ADDRESS: David Tegreene	esident (Street add ddress of each I liability comp	managing member [MGRM] or bany in Florida: (attach addition NAME & ADDRESS: Robert A. Peiser	al page if ne
Tampa, Florida 33602 Attn: Vice Pr List name, title, and business a will manage the foreign limited NAME & ADDRESS: David Tegreene 250 Brigham Road	esident (Street add ddress of each I liability comp	managing member [MGRM] or bany in Florida: (attach addition NAME & ADDRESS: Robert A. Peiser 326 Lakewood Drive	al page if ne
Tampa, Florida 33602 Attn: Vice Pr List name, title, and business ac will manage the foreign limited NAME & ADDRESS: David Tegreene 250 Brigham Road Winter Haven, FL 33881	esident (Street add ddress of each d liability comp TITLE: MGMR	managing member [MGRM] or bany in Florida: (attach addition NAME & ADDRESS: Robert A. Peiser 326 Lakewood Drive Bloomfield Hills, MI 48304	al page if no TITLE: MGMR
Tampa, Florida 33602 Attn: Vice Proceedings of Attn: Vice Proceedings of Attn: Vice Proceedings of Attn: Vice Procedure of Att	esident (Street add ddress of each d liability comp TITLE: MGMR	managing member [MGRM] or bany in Florida: (attach addition NAME & ADDRESS: Robert A. Peiser 326 Lakewood Drive Bloomfield Hills, MI 48304 David Aplin	al page if no TITLE: MGMR

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY The undersigned member or authorized representative of a member of set contributed representative of a member of certifies: 1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is (A description of the 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 (This total includes amounts from 2 and 3 above.) Signature of a member or authorized representative of a member.

Typed or printed name of signee

(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.)

HARRY G. LEONARDI

Filing Fee: \$250.00 for Application 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:
SFE C	CITRUS GP, LLC
2.	The name and the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324
	(City/State/Zip)
liability agent a relating	been named as registered agent and to accept service of process for the above stated limited of company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes at the proper and complete performance of my duties, and I am familiar with and accept the fons of my position as registered agent.
C T Corp	oration System
	CONME BRYAN

Filing Fee: \$35 for Designation of Registered Agent

(Signature)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SFE CITRUS GP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

9911425

08-09-99

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