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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PAUL M. BLOOMGARDEN, P.A.

Account Number : I20010000022 Phone : (954)370-2222 Fax Number : (954)370-2211

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LIMITED LIABILITY COMPANY

AVALON COMMERCE CENTER OF TAMARAC, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION OF AVALON COMMERCE CENTER OF TAMARAC, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that

ARTICLE I - NAME

The name of the Limited Liability Company shall be AVALON COMMERCE CENTER OF TAMARAC, L.L.C. ("Company").

ARTICLE II — ADDRESS

The mailing address and street address of the principal office of the Company shall be 10494 NW 50th Street, Sunrise, FL 33351.

ARTICLE III — REGISTERED OFFICE AND AGENT

The name and the Florida street address of the registered agent is Paul M. Bloomgarden, 8551 W, Sunrise Blvd., Suite 208, Ft. Lauderdale, FL 33322.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an Authorized Representative of a member and acknowledged them to be my act this 29th day of October, 2002.

PAUL M. BLOOMGARDEN, Authorized Representative

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

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AVALON COMMERCE CENTER OF TAMARAC, L.L.C.

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I further agree to comply with the provisions 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 under Chapter 608, Florida Statutes.

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

PAUL M. BLOOMGARDEN

Registered Agent

(H02000218932 0)

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to and subscribed before me this 29th day of October, 2002, by PAUL M. BLOOMGARDEN, who is personally known to me or has provided his Florida driver's license as identification and who did take an oath.

SUSAN J. RAPPOLI
MY COMMISSION & DD 096077
EXPIRES: May 16, 2006
Bonded Thru Notery Fueld Underenters

Notary Public

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