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(Requestor's Name)

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(Business Entity Name)

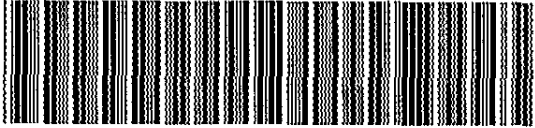
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 90 Watercolor Blvd. East, LLP
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean G. Robinson, Esq.

(Name of Person)

John B. Reilly & Associates

(Firm/Company)

Summit West - Ste. 330
300 Centerville Road

(Address)

Warwick, Rhode Island 02886

(City/State and Zip Code)

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SEC. CLERK
TALLHASSEE, FLORIDA

For further information concerning this matter, please call:

Dean G. Robinson, Esq. at (401) 739-1800
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2003

DEAN G. ROBINSON
JOHN B. REILLY & ASSOCIATES
300 CENTERVILLE ROAD SUMMIT WEST STE. 33
WARWICK, RI 02886

SUBJECT: 90 WATERCOLOR BLVD. EAST, LLP
Ref. Number: W03000022763

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for 90 WATERCOLOR BLVD. EAST, LLP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 303A00045892

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 90 Watercolor Blvd. East, LLC

ARTICLE II - Address:

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

Principal Office Address:

201 Smolian Circle

Sea Side, FL 32549

Mailing Address:

112 Benefit Street

Providence, RI 02906

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Steven Sciarretta

Name

2300 Glades Road, #302 East

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33431

City, State, and Zip

SECRETARY
FALLAHASSE, FLORIDA
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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 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

Dean G. Robinson

Typed or printed name of signee

Filing Fees:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)