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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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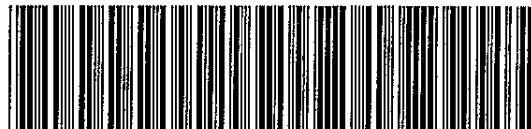
(Business Entity Name)

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2003 DEC - 1 AM 9:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC - 5 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ninth Avenue Partners, L.L.C.
(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:

Barry Dickson, CPA
(Name of Person)

Dickson & Co., P.A.
(Firm/Company)

121 PALAFOX PLACE STE. C
(Address)

PENSACOLA, FL. 32502-5635
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry E. Dickson at (850) 438 2122
(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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2003 DEC -1 AM 9:49
JIM JONSON CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ninth Avenue Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

121 Palafox Place Ste. C
PENSACOLA, FL 32502-5635

Mailing Address:

121 Palafox Place Ste. C
PENSACOLA, FL 32502-5635

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

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

BARRY E. DICKSON
Name

121 PALAFOX PLACE Ste C
Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA FLORIDA 32502-5635
City, State, and Zip

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, Florida Statutes..

Barry E. Dickson
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGRM

Barry E. Dickson
121 Palafin Place Ste C
Dewsbora, FL 32502

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Barry E. Dickson
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.)

Barry E. Dickson
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)