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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WINTERS STREET REALTY I	TC	_
(Name of	Limited Liability Company)	
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
Peter J Bowers, Esq.		_
	(Name of Person)	
Winters Street Realty LLC		
	(Firm/Company)	
PO Box 812515		5 to
	(Address)	EP 2
Boca Raton FL 33481-251		O4 SEP 27 MIO: 57
-	(City/State and Zip Code)	
For further information concerning this matter,	please call:	57
Peter J Bowers, Esq.	at (_561245-1503	
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vinters Street Realty I	uc		
Villers Street Nearly	<u> </u>		
ARTICLE II - Add The mailing address		he principal office of the Limited Liability C	ompany is:
Principal Office Ad	ldress:	Mailing Address:	
149 Lake Point South	Ln	PO Box 812515	
Deerfield Beach FL 33	3442	Boca Raton FL 33481-2515	
			
The name and the Fl	orida street address of Peter J Bowers	tered Office, & Registered Agent's Signato the registered agent are:	D4 SEP 27
The name and the Fi	orida street address of Peter J Bowers	the registered agent are:	D4 SEP 27
The name and the Fl	orida street address of Peter J Bowers 149 Lake Point South Lr	the registered agent are:	:: 04 SEP 27 AM 10: 57
The name and the FI	orida street address of Peter J Bowers 149 Lake Point South Lr	The registered agent are:	D4 SEP 27

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Peter J Bowers PO Box 812515 Boca Raton FL 33481-2515	_
		_ _ _
		
		- 0 IV
(Use attachment if necessary)		O4 SEP 27
NOTE: An additional article must be	added if an effective date is requested.	TOP STATIONS
REQUIRED SIGNATURE:	1. Bowers	<u> </u>
Signature of a member or an au	ittorized representative of a member.	

Peter J Bowers

that the facts stated herein are true.)

23 September 2004

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)