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(Requestor's Name)

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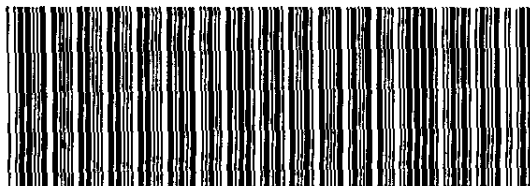
(Business Entity Name)

(Document Number)

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2004 NOV -8 PM 1:27  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV 10 2004

**ELLIOTT J. GELFAND, C.P.A., P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

10661 NORTH KENDALL DRIVE . SUITE 201 . MIAMI, FLORIDA 33176 . Phone (305) 274-8181 . FAX (305) 274-8282

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

**SUBJECT: CAPRICE LBTS BUILDERS, LLC  
CAPRICE SINGER BUILDERS, LLC  
DEBS DEVELOPERS, LLC**

The enclosed Articles of Organization and fees for each limited liability company for a total of \$375 is submitted for filing as follows:

\$100.00 X 3 = \$300.00 Filing fees  
25.00 X 3 = 75.00 Designation of Registered Agent  
\$125.00 X 3 = \$375.00

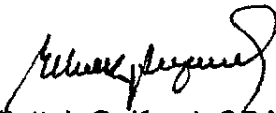
Please return all correspondence concerning this matter to the following:

Elliott J. Gelfand  
Elliott J. Gelfand, CPA, PA  
10661 N. Kendall Drive  
Suite #201  
Miami, Florida 33176

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call.

Very truly yours,



Elliott J. Gelfand, CPA  
Of Elliott J. Gelfand, CPA, PA

enclosures

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

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2004 NOV -8 PM 1:28  
JULIA M. CORPORACTIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the Limited Liability Company is:

**DEBS DEVELOPERS, LLC**

**ARTICLE II**

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

**Principal Office Address:**

**Mailing Address:**

**21120 NE 31 Place**

Aventura, Florida 33180

P.O. Box 800617


Miami, Florida 33280

**ARTICLE III**

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

Elliott J. Gelfand  
10661 N. Kendall Drive  
Suite #201  
Miami, Florida 33176

*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

#### ARTICLE IV

The name and address of the Managing Member is as follows:

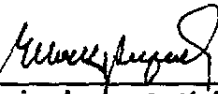
Title:

"MGRM" = Managing Member

Name and Address:

MGRM

Peter M. Debs  
21120 NE 31 Place  
Aventura, FL 33180

  
\_\_\_\_\_  
Signature of an authorized representative of a member.

Elliott J. Gelfand

(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)

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