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COVER LETTER

	vision of Corporations		
SUBJECT:	326-330 ST ARMANDS CIRC	LE LLC	
SCHOLET.		ted Liability Comp	pany
Dear Sir or I	Madam:		
The enclosed	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
ADAM S	ELIGMAN, ESQ.		
	Name of Person		
WARD D	AMON		
	Firm/Company		
4420 BE	ACON CIRCLE		
	Address		
WEST P	ALM BEACH, FLORIDA 33407		
	City/State and Zip Code		
ASELIGN	MAN@WARDDAMON.COM		
E-1	mail address: (to be used for future annual	report notification)
For further i	nformation concerning this matter, please	call:	
ADAM S	ELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle clahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

	The name	of the limited liability company is: 326-330 ST ARMANDS CIRCLE I	LLC
SECON	D: The Flo	rida Document Number of the limited liability company is: L04000093088	
fHIRD:		address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FL 33480	
		ing address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FL 33480	
oosition	of a person on the follow	xecute an instrument transferring real property held in the name of the company. N/A	r to a specific
		Granica to.	
	b.	sell mortgage or encumber properties	ين بن بند بن بند
		No authority granted to: sell,mortgage or encumber properties enter into other transactions on behalf of, or otherwise act for or bind, the compar Granted to: D. GLEN ALEXANDER	DATE OF THE ST.
	2. May e	No authority granted to: sell,mortgage or encumber properties enter into other transactions on behalf of, or otherwise act for or bind, the comparant of the c	15 JUN - 1 PM 1: 39