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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561)691-0059
Fax Number : (561)691-0066

M. Thomas OCT 17 2005

LIMITED LIABILITY COMPANY

2100 Avenue B LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2100 Avenue B LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:2401 PGA Boulevard, Suite 272
Palm Beach Gardens, FL 33410**Mailing Address:**2401 PGA Boulevard, Suite 272
Palm Beach Gardens, FL 33410**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert Lee Shapiro, P.A.

Name

2401 PGA Boulevard, Suite 272Florida street address (P.O. Box NOT acceptable)Palm Beach Gardens FL 33410

City, State, and Zip

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

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

Title:

"MGR" = Manager

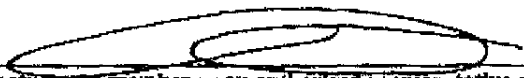
"MGRM" = Managing Member

Name and Address:MGRMRobert Lee Shapiro, P.A.2401 PGA Boulevard, Suite 272Palm Beach Gardens, FL 33410______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

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