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

From: Account Name : KAY LAW OFFICES
Account Number : I20020000074
Phone : (561)207-6200
Fax Number : (561)207-6201

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DIVISION OF CORPORATIONS

FLORIDA LIMITED PARTNERSHIP

Flataur CD93, Ltd.

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,793.75 |

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
Flataur CD93, Ltd.**

This Certificate of Limited Partnership is prepared and filed in accordance with the provisions of the Uniform Limited Partnership Act as contained in Chapter 620 of the Florida Statutes.

The name of this Partnership is Flataur CD93, Ltd.

1. The location of the principal place of business of the Partnership shall be: 1350 East Newport Center Drive, Suite 206, Deerfield Beach, Florida 33442, and the name and address of the agent for service of process is: Kay Law Offices, c/o James R. Kay, Esq., 700 Village Square Crossing, Suite 102B, Palm Beach Gardens, Florida 33410.

602045900214

2. The name and address of the General Partner is as follows: Taurus Southern Investments, LLC, a Delaware limited liability company, 1350 East Newport Center Drive, Suite 206, Deerfield Beach, Florida 33442.

MDY-2701

3. The mailing address of the Partnership is: 1350 East Newport Center Drive, Suite 206, Deerfield Beach, Florida 33442.

4. The latest date upon which the Partnership is to dissolve is upon the occurrence of any of the following events: (a) the determination of all Partners in the Partnership; (b) the withdrawal or deemed withdrawal pursuant to the Partnership Agreement of the last remaining General Partner and failure by the Limited Partners to elect to continue the Partnership and select a successor General Partner as provided in the Partnership Agreement; (c) the occurrence of an event specified under the laws of the State of Florida as one effecting a dissolution (except as otherwise provided in the Partnership Agreement); or (d) midnight on December 31, 2054.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as of the 29th day of November, 2004, and hereby affirms under the penalties of perjury that the facts stated in this Certificate are true.

GENERAL PARTNER:
Taurus Southern Investments, LLC,
a Delaware limited liability company

By: *Linda Kassof*
Linda Kassof, its Manager
[Print Name]

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TALLAHASSEE, FLORIDA

James R. Kay, Esquire
Florida Bar No. 298166
Kay Law Offices
700 Village Square Crossing, Suite 102B
Palm Beach Gardens, Florida 33410
Telephone: (561) 207-6200

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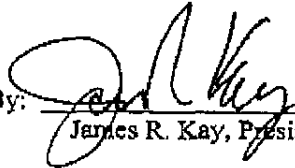
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ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent, is familiar with, and accepts the obligations of, Section 620.192, Florida Statutes.

Kay Law Offices

Date: 12/1/04, 2004

By: 
James R. Kay, President

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TALLAHASSEE, FLORIDA

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AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

Before me, the undersigned authority duly authorized to acknowledge oaths, personally appeared Linda Kassof, as Manager of Taurus Southern Investments, LLC, a Delaware limited liability company, who upon oath duly sworn deposed and stated as follows:

That she is a Manager of Taurus Southern Investments, LLC, a Delaware limited liability company, the General Partner of Beltway Commerce Center CD93, Ltd., a Florida limited partnership (the "Partnership"), and has the authority to make this Affidavit on behalf of the Partnership.

That the amount of the capital contributions of the Limited Partners of the Partnership, and the total amount anticipated to be contributed by the Limited Partners of the Partnership is \$1,200,000.00.

Further, Affiant sayeth naught.

GENERAL PARTNER:
Taurus Southern Investments, LLC,
a Delaware limited liability company

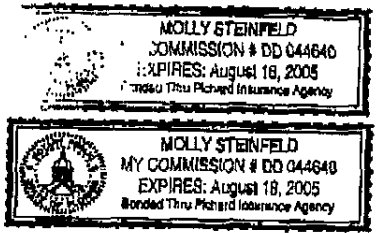
By: *[Signature]*
Linda Kassof, its Manager
[Print Name]

Sworn to and subscribed before

me this 29th day of November, 2004.

[Signature]
Notary Public MOLLY STEINFELD
Printed or typed name:
Personally known OR produced identification _____
Type of identification: _____
My Commission Expires: 8-18-2005
(SEAL)

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