

To: '+1 (850) 205-0383'
Subject

From: Patricia Sadlo

Monday, November 21, 2005 11:54 AM Page: 5 of 8

A0500002097

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

(2)

11/17 LUP

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Qual

(((H05000269373 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

* This is the 2ND filing
in a file 1ST, file 2ND
process. Please give
11-17-05 as file date
(same as Limited Partnership).
0150.44607 Thank you!

RECEIVED

05 NOV 21 PM 12:10

DIVISION OF CORPORATIONS

A05-2097

LIMITED PARTNERSHIP AMENDMENT

CABI SMA TOWER I, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

0505A00068755

\$77.50

02899/02900

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED
NOV 17 PM 1:47
TALLAHASSEE, FLORIDA

H05000269373 3

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP OF
CABI SMA TOWER I, LLLP**

1. The name of the limited partnership as identified in the records of the Florida Department of State is CABI SMA TOWER I, LLLP. The limited partnership's Florida document number is A05 000002097.

2. The limited partnership has adopted the suffix "LLLP" and, upon the filing of this Statement of Qualification, the name of this entity shall be CABI SMA TOWER I, LLLP.

3. The street address of the limited partnership's principal office in Florida and its chief executive office is:

19950 W. Country Club Drive
Suite 900
Aventura, Florida 33180

4. The limited partnership has elected to be a limited liability limited partnership.

5. The effective date of this filing shall be as of the date that this document is filed with the Florida Secretary of State.

6. The name and Florida street address of the limited partnership's agent for service of process required to be maintained pursuant to Section 620.105, Florida Statutes, as amended, are:

Mario Soriol
19950 West Country Club Drive
Suite 900
Aventura, Florida 33180

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 23 day of September, 2005.

GENERAL PARTNER:

CABI GP SMA, LLC
a Florida limited liability company

By: 
Name: Jacobo Caballero
Title: Manager

FILED
05 NOV 17 PM 1:47
TALLAHASSEE, FLORIDA

H05000269373 3