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

From: Account Name : CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP

LRAM, Ltd.

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,793.75 |

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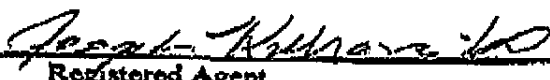
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CERTIFICATE OF LIMITED PARTNERSHIP

1. LRAM, Ltd.
Name of Limited Partnership
2. 816 Camarillo Springs Road, Suite K, Camarillo, CA 93012
Business address of Limited Partnership
3. Joseph Kuharcik
Name of Registered Agent for Service of Process
4. 1211 The Plaza, Signer Island, Florida, 33404
Florida street address for Registered Agent
5. 
Registered Agent
6. 816 Camarillo Springs Road, Suite K, Camarillo, CA 93012
Mailing Address of the Limited Partnership
7. The latest date upon which the Limited Partnership is to be dissolved is: 6/29/2101
8. Names of general partners:
Simone Riccobono 816 Camarillo Springs Road, Suite K,
Camarillo, CA 93012

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 29th day of June, 2001.
Signatures of all general partners:


General Partner
Simone Riccobono

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of LRAM,
Ltd., a Florida

Limited Partnership, certify:

The amount of capital contributions of date of the limited partners is
\$1,000,000.00.

The total amount contributed and anticipated to be contributed by the
limited

partners at this time totals \$1,000,000.00.

Signed this 29th day of June, 2001.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I declare that I have read the foregoing and
know the contents thereof and that the facts stated herein are true and
correct.*


General Partner
SIMONE RICCOBONO

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