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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 360571 11758A

AUTHORIZATION :

COST LIMIT : \$ 140.00

ORDER DATE : December 15, 2003

ORDER TIME : 4:0 PM

ORDER NO. : 360571-015

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
Doumar Allsworth Cross
Laystrom Perloff Voigt Wachs M
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE CAPELLINI REAL ESTATE
FAMILY LIMITED PARTNERSHIP #2

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE CAPELLINI INVESTMENTS FAMILY LIMITED PARTNERSHIP

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, constituting the General Partner of THE CAPELLINI INVESTMENTS FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE CAPELLINI INVESTMENTS
FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

1311 Newport Center Drive, W.
Suite C
Deerfield Beach, FL 33442

3. Name and addresses of the agent for the service
of process on the Partnership is:

JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

4. Name and business address of the General Partner are:

ALBERT CAPELLINI
1311 Newport Center Drive, W.
Suite C
Deerfield Beach, FL 33442

5. Mailing address of the Partnership is:

THE CAPELLINI INVESTMENTS
FAMILY LIMITED PARTNERSHIP
c/o ALBERT CAPELLINI
1311 Newport Center Drive, W.
Suite C
Deerfield Beach, FL 33442

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2053.

The execution of this Certificate by the undersigned General
Partner constitute an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE CAPELLINI INVESTMENTS
FAMILY LIMITED PARTNERSHIP, this 9th day October, 2003.

GENERAL PARTNER:

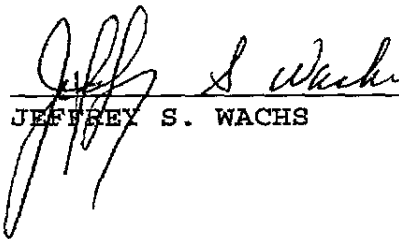

ALBERT CAPELLINI

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE CAPELLINI INVESTMENTS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, personally appeared ALBERT CAPELLINI, General Partner of THE CAPELLINI INVESTMENTS FAMILY LIMITED PARTNERSHIP, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

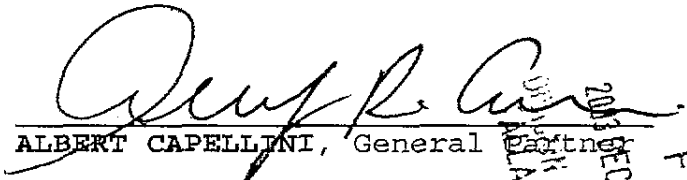
NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

DATED this 9th day of December, 2003.

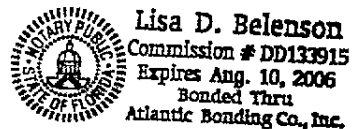

ALBERT CAPELLINI, General Partner

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by **ALBERT CAPELLINI**, General Partner of **THE CAPELLINI INVESTMENTS
FAMILY LIMITED PARTNERSHIP**, who appeared personally before me and
took an oath, who is personally known to me or who produced
as
identification, on this 9th day of December, 2003.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
Commission Number: DD133915
My Commission Expires: 8/10/06



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