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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number: 071250001512 Phone: (305)789-9200 Fax Number: (305)769-9201

FLORIDA LIMITED PARTNERSHIP

DI COWDEN FAMILY LIMITED PARTNERSHIP

Certificate of Status	3
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Audit No. H04000042898 3

CERTIFICATE OF LIMITED PARTNERSHIP OF DI COWDEN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states as follows:

- 1. The name of the Limited Partnership is: DI COWDEN FAMILY LIMITED PARTNERSHIP (the "Limited Partnership").
 - 2. The business address of the Limited Partnership is as follows:

2785 N.E. 183rd Street Aventura, Florida 33160

3. The name of the Registered Agent for service of process and the office address of the Registered Agent are as follows:

Marie Di Cowden 2785 N.E. 183rd Street Aventura, Florida 33160

4. The mailing address of the Limited Partnership is as follows:

2785 N.E. 183rd Street Aventura, Florida 33160

- The latest date upon which the Limited Partnership is to dissolve is December 31,
 2050.
 - 6. The name and business address of the General Partner are as follows:

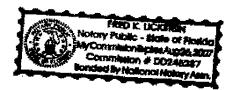
Marie Di Cowden, Trustee of the Marie Di Cowden Revocable Trust 2785 N.E. 183rd Street Aventura, Florida 33160 Audit No. H04000042898 3

The execution of this Certificate by the General Pariner constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by its General Partner this 26 day of 1500.

	Marie Di Cowden, Trustee of the Marie Di Cowden Revocable Trust,	
	Marie Di Cowden Revocable Trust, as General Partner	
STATE OF FLORIDA		_
COUNTY OF MIAMI-DADE)	
day of Facury, 2004, by Trust, as General Partner, who	Limited Partnership was acknowledged before me this&_ Marie Di Cowden, Trustee of the Marie Di Cowden Revocable is personally known to me, or [] who has produced as identification.	
(SEAL)	(Notary Public, State of Florida Print Name: FAED K. AICKSTEIN My Commission expires: 8/04/07	

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ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT FOR SERVICE OF PROCESS

Having been named as Registered Agent for DI COWDEN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, I hereby agree to act in that capacity and to accept service of process for the Limited Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

DATED the day of Franciary, 2004.

Marie Di Courden

B 27 PH 1:

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CAPITAL CONTRIBUTIONS AFFIDAVIT

DI COWDEN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared Marie Di Cowden, Trustee of the Marie Di Cowden Revocable Trust, being the General Partner of DI COWDEN FAMILY LIMITED PARTNERSHIP (the "Partnership"), who, upon being first duly sworn, certifics as follows:

- The amount of capital contributions from Limited Partners to date is \$0.00. 1.
- The total amount anticipated at this time to be contributed by the Limited Partners 2. will be \$99.00.

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.

FURTHER AFFIANT SAYETH NOT.

Marie Di Cowden, Trustee of the Marie Di Cowden Revocable Trust, as General Partner

SWORN TO AND SUBSCRIBED before me this 26 day of / 2004, by Marie Di Cowden, Trustee of the Marie Di Cowden Revocable Trust, as General Partner, Who is personally known to me, or [___] who has produced ______ as identification.

(SEAL)

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Notary Public, State of Florida

Print Name: TREA My Commission expires:

