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* Statement of Qualification to follow which will require today's date as the file date. Thank you!!!

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FLORIDA LIMITED PARTNERSHIP

CABI SMA, LLLP

Certificate of Status	0
Certified Copy	1
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CERTIFICATE OF LIMITED PARTNERSHIP OF CABI SMA, LLLP

The undersigned, desiring to form a limited partnership (the "Limited Partnership") in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, as amended, hereby states as follows:

1. The name of the Limited Partnership is:

CABI SMA, LLLP

2. The address of the office where the required records of the Limited Partnership will be kept is:

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

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended, is:

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

4. The name and business address of the general partner of the Limited Partnership is:

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CABI GP SMA, LLC
19950 W. Country Club Drive
Suite 900
Aventura, Florida 33180

5. The mailing address for the Limited Partnership is:

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

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2055.

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The execution of this Certificate of Limited Partnership by the undersigned general partner constitutes an affirmation that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of the Limited Partnership as of the 23rd day of September, 2005.

GENERAL PARTNER:

CABI GP SMA, LLC
a Florida limited liability company

By: _____
Name: Jacobo Cababie Daniel
Title: Manager

This page is an integral part of the Certificate of Limited Partnership of Cabi SMA, LLLP.

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been designated as registered agent for CABI SMA, LLLP, a Florida limited partnership (the "Limited Partnership"), in the foregoing Certificate of Limited Partnership of the Limited Partnership, hereby agrees that he will accept service of process for and on behalf of the Limited Partnership and that he will comply with any and all laws, including, without limitation, Section 620.192, Florida Statutes, as amended, relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited partnership.

Dated: September 12th, 2005.

Mario Sariol

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting the general partner of CABI SMA, LLLP, a Florida limited partnership, certifies:

The amount of capital contributions to date of the limited partners is $3,389,425.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $3,389,425.00.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

CABI GP SMA, LLC
a Florida limited liability company

By: _____
Name: Jacobo Cabobi Daniel
Title: Manager

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