

11/01/2007

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GREENBERG TRAUERIG -> 51701-011400918505176390

NO. 108

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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : GREENBERG, TRAUERIG, HOFFMAN, ET AL.
Account Number : 076077001461
Phone : (305) 789-5357
Fax Number : (305) 961-5357

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MERGER OR SHARE EXCHANGE

CABI SMA TOWER I, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$113.75

\$157.50

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**Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Cabi SMA, LLLP	Florida	LLLP A05-2096
Cabi SMA Tower I, LLLP	Florida	LLLP A05-2097

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Cabi SMA Tower I, LLLP	Florida	LLLP

THIRD: The date the merger is effective under the governing laws of the surviving party is: Upon Filing.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

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FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: N/A

Mailing address: N/A

SIXTH: Other provisions, if any, relating to the merger:

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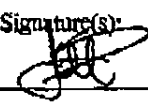
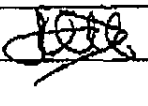
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SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Cabi GP SMA, LLC - General Partner of		Jacobo Cababie Daniel
Cabi SMA LLLP		Manager
Cabi GP SMA, LLC - General Partner of		Jacobo Cababie Daniel
Cabi SMA Tower I, LLLP		Manager

Fees: Filing Fees: \$52.50 Per Party
 Certified Copy: \$52.50 (Optional)
 Certificate of Status: \$8.75 (Optional)

*This page forms an integral part of the Certificate of Merger of Cabi SMA, LLLP and Cabi SMA Tower I, LLLP, consisting of 3 pages.

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