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(((H05000267004 3)))

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*Statement of Qualification to follow which will need 11.17.05 file 0150.44512 date as well.

FLORIDA LIMITED PARTNERSHIP

CABI SMA TOWER 2, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	05
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850-205-0381 11/18/2005 10:37 PAGE 001/001 Florida Dept of State

PLEASE GIVE ORIGINAL SUBMISSION
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 18, 2005

CBI SMA TOWER 2, LLLP
19950 COUNTRY CLUB DRIVE, SUITE 900
AVENTURA, FL 33180

PLEASE GIVE ORIGINAL SUBMISSION
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SUBJECT: CABI SMA TOWER 2, LLLP
REF: W05000051650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

The only way you can use the suffix LLLP is if you file a statement of qualification. If you are going to do that you must write a statement on the cover page that the statement of qualification is to follow. Without that statement you can not use the suffix LLLP.

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
CABI SMA TOWER 2, 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 TOWER 2, 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:

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

L05000110416

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.

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 13 day of September, 2005.

GENERAL PARTNER:

CABI GP SMA, LLC
a Florida limited liability company

By: _____
Name: Jacobo Cababie Daniel
Title: Manager

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been designated as registered agent for CABI SMA, TOWER 2, 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 23 2005.

Mario Seriol

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting the general partner of CABI SMA TOWER 2, LLLP, a Florida limited partnership, certifies:

The amount of capital contributions to date of the limited partners is $100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $100.00.

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 Sababie Daniel
Title: Manager

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