Subject:

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LIMITED PARTNERSHIP AMENDMENT

CABI SMA TOWER 2, LLLP

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP OF CABI SMA TOWER 2, LLLP

1. The name of the limited partnership as identified in the records of the Florida Department of State is CABI SMA TOWER 2, LLLP. The limited partnership's Florida document number is A05 000002098 .

2. The limited partnership has adopted the suffix "LLLP" and, upon the filing of this Statement of Qualification, the name of this entity shall be CABI SMA TOWER 2, LLLP.

3. The street address of the limited partnership's principal office in Florida and its chief executive office is:

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

4. The limited partnership has elected to be a limited liability limited partnership.

5. The effective date of this filing shall be as of the date that this document is filed with the Florida Secretary of State.

6. The name and Florida street address of the limited partnership's agent for service of process required to be maintained pursuant to Section 620.105, Florida Statutes, as amended, are:

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

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 23 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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