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C T Corporation System.  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, FL 32301 222-1092  
City State Zip Phone

600002579406--0  
-07/02/98--01071--014  
\*\*\*\*140.00 \*\*\*\*140.00

CORPORATION(S) NAME

CM

2nd

Capital Asset Connecticut, Ltd.

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DIVISION OF CORPORATION

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merge              |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> CUS                    |   |
| <input type="checkbox"/> Limited Liability Partnership  |   |   |
| <input type="checkbox"/> Certified Copy                 |   |   |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
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CERTIFICATE of LIMITED PARTNERSHIP  
of  
CAPITAL ASSET CONNECTICUT, LTD.

1. The name of the limited partnership is:

CAPITAL ASSET CONNECTICUT, LTD.

2. The business address of the limited partnership is:

3950 RCA Blvd. Suite 5001  
Palm Beach Gardens, Florida 33410

3. The name and Florida street address of the registered agent for service of process of the limited partnership is:

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

4. The mailing address of the limited partnership is:

3950 RCA Blvd. Suite 5001  
Palm Beach Gardens, Florida 33410

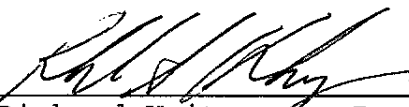
5. The latest date upon which the limited partnership is to be dissolved is December 31, 2030, unless the limited partnership is continued by the consent of all the partners.

6. The name and address of the general partner of the limited partnership is:

*pal-42695*  
Capital Asset Holdings GP, Inc., a Florida corporation  
3950 RCA Blvd. Suite 5001  
Palm Beach Gardens, Florida 33410

Signed on this 30<sup>th</sup> day of June, 1998, by the undersigned representative of the general partner.

CAPITAL ASSET HOLDINGS GP, INC.,  
a Florida corporation

By:   
Richard Heitmeyer, President

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the general partner of CAPITAL ASSET CONNECTICUT, LTD. a Florida limited partnership, certify:

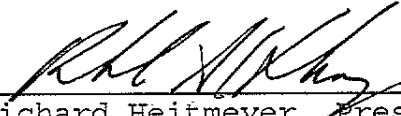
The amount of the capital contributions to date of the limited partners is One Dollar (\$1.00).

The total amount contributed and anticipated to be contributed by the limited partners at this time totals Five Thousand Dollars (\$5,000.00).

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct to the best of my knowledge.

CAPITAL ASSET CONNECTICUT, LTD.  
By: CAPITAL ASSET HOLDINGS GP, INC.

By:

  
Richard Heitmeyer, President

DATED: June 30, 1998.

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED  
IN THESE PROVISIONS, I HEREBY ACCEPT THE APPOINTMENT AS  
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO  
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

DATE: July 2, 1998

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,  
Special Assistant Secretary

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