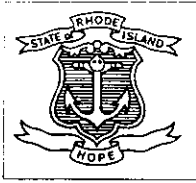


Filing Fee: \$100.00

ID Number: 124002



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP
(To Be Filed In Duplicate Original)

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

Route 5 Realty Associates Limited Partnership

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

One Park Row, Suite 300, Providence, Rhode Island 02903

3. The name and address of the specified agent for service of process is Robert B. Berkelhammer

(Name of Agent)

One Park Row, Suite 300

Providence

RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

Golf Brook Associates, Inc.

2377 Golf Brook Drive

Wellington, Florida 33413

5. The mailing address for the limited partnership is 2377 Golf Brook Drive

(Street Address)

Wellington

Florida

33413

(City/Town)

(State)

(Zip Code)

APR 05 2002
By 275761

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STATE OF RHODE ISLAND
CORPORATIONS DIVISION
APR 05 2002

6. Any other matters the partners determine to include herein:

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Golf Brook Associates, Inc.

Date: Apr 15, 2002

By Howard S Kaufman

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein