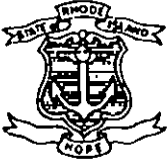


Filing Fee: \$100.00

ID Number: 35-2195127



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAR 14 1 59 PM '03

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:

EAST WIND INVESTMENT CLUB L.P.

(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:

P O BOX 1278 WESTERLY RI 02891

3. The name and address of the specified agent for service of process is JOHN STRAFACH JR

(Name of Agent)

62 AIRPORT ROAD

WESTERLY

RI

02891

(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

JOHN STRAFACH JR

P O BOX 1278 WESTERLY RI 02891

5. The mailing address for the limited partnership is P O BOX 1278

(Street Address)

WESTERLY

RHODE ISLAND

02891

(City/Town)

(State)

(Zip Code)

FILED

MAR 14 2003
By [Signature]
315515

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

NONE

(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.

Date: 3/12/03

By 

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein