

Filing Fee: \$100.00

ID Number: 121892



**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:

Surfside Nantucket Partners, 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:

c/o Charles C. Townsend, 63 Alfred Drowne Road, Barrington, RI 02806

3. The name and address of the specified agent for service of process is Charles C. Townsend

(Name of Agent)

63 Alfred Drowne Road

(Street Address, not P.O. Box)

Barrington

(City/Town)

RI

02806

(Zip Code)

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

General Partner

Business Address

Charles C. Townsend

63 Alfred Drowne Road, Barrington, RI 02806

Alison K. Townsend

63 Alfred Drowne Road, Barrington, RI 02806

5. The mailing address for the limited partnership is 63 Alfred Drowne Road

(Street Address)

Barrington

(City/Town)

Rhode Island

(State)

02806

(Zip Code)

NONE

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: December 21, 2001

**By**

Charles C. Townsend, General Partner

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By

**Alison K. Townsend, General Partner**

By

**By.**

Signature(s) of all general partners named here: