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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

OCT 25 2007

By AMF
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LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

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 of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

Five Star Family 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:

Kalander & Shaw, Ltd., 931 Jefferson Blvd., Suite 2004, Warwick, RI 02886

3. The name and address of the specified agent for service of process is **Jonathan V. Kalander**

931 Jefferson Blvd., Suite 2004

(Street Address, not P.O. Box)

Warwick

(City/Town)

, RI 02886

(Zip Code)

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

General Partner

Business Address

1) Jonathan Kalander, Trustee

c/o Kalander & Shaw, Ltd.

of the Five Star Trust

931 Jefferson Blvd, Suite 2004

Trust Agreement I

Warwick, RI 02886

2) Jonathan Kalander, Trustee

c/o Kalander & Shaw, Ltd.

of the Five Star Trust

931 Jefferson Blvd, Suite 2004

Trust Agreement II

Warwick, RI 02886

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5. The mailing address for the limited partnership is **931 Jefferson Blvd., Suite 2004**

(Street Address)

Warwick

(City/Town)

RI

(State)

02886

(Zip Code)

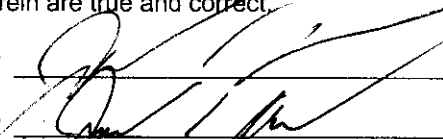
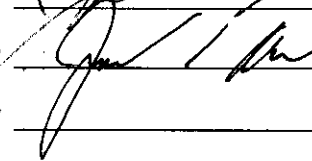
6. Any other matters the partners determine to include herein:

N/A

(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: _____

By  _____
By  _____
By _____
By _____
By _____

Signature(s) of all general partners named herein



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

