

Filing Fee: \$100.00

ID Number: 142410



**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:

ABAKE Realty Company, 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:

Post Office Box 986, West Kingston, RI 02892

3. The name and address of the specified agent for service of process is Ralph M. Kinder, Esq.

*(Name of Agent)*

155 South Main Street

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

Arnold Holdings, Ltd.

Post Office Box 986, West Kingston, RI 02892

5. The mailing address for the limited partnership is Post Office Box 986

*(Street Address)*

West Kingston

RI

02892

*(City/Town)*

*(State)*

*(Zip Code)*

**FILED**

**AUG 31 2004**

By [Signature]  
C430712

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

NONE

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(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: ~~Aug~~ Aug. 31, 2004

By ARNOLD HOLDINGS LTD.  
By JMM [Signature] Asst Secretary  
By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_

Signature(s) of all general partners named herein