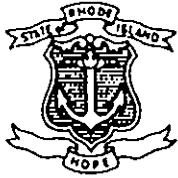


Filing Fee: \$100.00

ID Number: 135465



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.  
OCT 23 12 28 PM '03

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by section 7-1.8 of the General Laws, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

Spardig Associates I L.P.

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

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

1414 Atwood Avenue, Johnston, RI 02919

3. The name and address of the specified agent for service of process is Angelo R. Marocco, Esq.  
(Name of Agent)

1200 Reservoir Avenue Cranston RI 02920  
(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

Enterprise Associates in Real Estate, Inc. 1414 Atwood Avenue, Johnston, RI 02919

5. The mailing address for the limited partnership is 1414 Atwood Avenue  
(Street Address)

Johnston RI 02919  
(City/Town) (State) (Zip Code)

6. Any other matters the partners determine to include therein *(if additional space is required, please list on separate attachment.)*

None

**FILED**

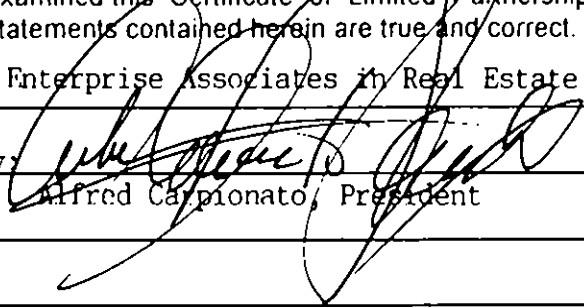
OCT 23 2003

By [Signature]  
C9685a

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

Enterprise Associates in Real Estate, Inc.

By:



Alfred Capionato, President

(Signature(s) of all general partners named herein)

Dated OCTOBER 22, ~~19~~ 2003