



State of California

March Fong Eu

Secretary of State

Form LP-

CERTIFICATE OF LIMITED PARTNERSHIP

IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621, California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP

Terranomics Equity Properties, a California limited partnership

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

50 California Street, Suite 1400

CITY AND STATE

San Francisco, CA

ZIP CODE

94111

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE

CITY

ZIP CODE

CA

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.

THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19 _____ WITH THE

RECORDER OF _____ COUNTY.

FILE OR RECORDATION NUMBER _____

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME: Rawson, Blum & Company,
a California corporation
ADDRESS: 50 California Street, Suite 1400
CITY: San Francisco STATE: CA ZIP CODE: 94111

C. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

B. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

D. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

NAME: Joseph D. Blum

ADDRESS: 50 California Street, Suite 1400

CITY: San Francisco STATE: CA ZIP CODE: 94111

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.

NUMBER OF PAGES ATTACHED:

0

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT DISSOLUTION, CONTINUATION AND CANCELLATION.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE:

1

(PLEASE INDICATE NUMBER ONLY)

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

Rawson, Blum & Company, a California corporation

By:

SIGNATURE

SIGNATURE

President

9/3/92

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

SIGNATURE

SIGNATURE

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

10. RETURN ACKNOWLEDGEMENT TO:

NAME: Thomas Bomar
ADDRESS: 50 California Street, Suite 1400
CITY: San Francisco, CA 94111
STATE:
ZIP CODE:

SEC/STATE REV 1/88

FORM LP-1—FILING FEE: \$70
Approved by Secretary of State

THIS SPACE FOR FILING OFFICER USE

9226600030

FILED

In the office of the Secretary of State
of the State of California

SEP 21 1992

March Fong Eu

MARCH FONG EU
BY SECRETARY