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(Requestor's Name)				
(Add	lress)			
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(Address)				
(City	/State/7in/Phone	<u>. #\</u>		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Sawgrass Limited Partnership No. 2 (Name of Florida Limited Partnership or Limited Liability Limited Partnership)				
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence co	oncerning this matter to:			
Kisha L. Parker, Esq.				
Contact Person	·			
(Firm/Compa				
3950 Shackleford Road, Suite 300				
(Address)				
Duluth, Georgia 30096	3			
(City, State and Z				
For further information concerning this matter, please call:				
Kisha L. Parker	at (770) 717-2429			
(Name of Contact Person)	(Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$52.50 Filing Fee \$61.25 Filing and Certificate Status				
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Division of Corporations				
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

CERTIFICATE OF DISSOLUTION FOR

Sawgrass Limited Part						
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 03/29/2000, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution)						
SECOND: A Notice of Disso (Check box if atta		hed.				
THIRD: Effective date, if other than the	date of filing:		·			
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days a	fter the date this document	is filed by the Florida			
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person	appointed pursuant to				
			MITED PARTNERSHIP, alted partnership			
			ty Corporation,			
		an Indiar	a corporation,			
	<u> </u>	its gener	al partner			
Filing Fee:	\$52.50		Int. CM			
Certified Copy (optional):	\$52.50 \$52.50	By: 7 Printed:	Douglas E. Greer			
Certificate of Status (optional):	\$8.75	Title:	Vice President, Legal			
			and Assistan Secretary			