

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREAT INDIAN SHORES LIMITED PARTNERSHIP
(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 concerning this matter to:

Marina Ignatova
(Contact Person)

GREAT INDIAN SHORES LIMITED PARTNERSHIP **+**
(Firm/Company)

3751 Victoria Park Avenue
(Address)

Toronto, Ontario, Canada M1W 3Z4
(City, State and Zip Code)

For further information concerning this matter, please call:

Marina Ignatova at (416) 774-4448
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
|---|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

GREAT INDIAN SHORES LIMITED PARTNERSHIP

(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 February 14, 2013, assigned Florida document number A1300000081, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The sole general partner and the sole limited partner have consented to dissolution

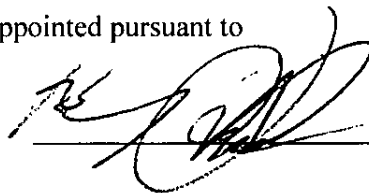
SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

GGH MANAGER, LLC



| | |
|--|----------------|
| Filing Fee: | \$52.50 |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

GREAT INDIAN SHORES LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name and contact information of a creditor, amount of the claim and
basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

3751 Victoria Park Avenue, Toronto, Ontario, Canada M1W 3Z4

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

GGH MANAGER, LLC, Per: Harry Rosenbaum

Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

16 OCT 27 PM 3:30
DIVISION OF CORPORATIONS

FILED