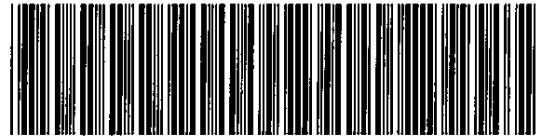


A9300000831



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07/03/06--01029--013 \*\*105.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

*[Handwritten signature]*

A93-831 Cert. of Diss.

Office Use Only

06 JUL -3 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Porta Mangrove, Ltd.

(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:

Fred Lueck

(Contact Person)

Porta Holdings, Ltd.

(Firm/Company)

13925 58th Street North

(Address)

Clearwater, Florida 33760

(City, State and Zip Code)

For further information concerning this matter, please call:

Marc Chambers, Esquire at ( 813 ) 229-3333 ext 317

(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 Fee  
and Certificate of  
Status

\$105.00 Filing Fee  
and Certified Copy

\$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**

**Porta Mangrove, Ltd.**

*A93-831*

(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 8/10/1993, hereby submits this Certificate of Dissolution.

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

All partners have voted to dissolve the limited partnership.

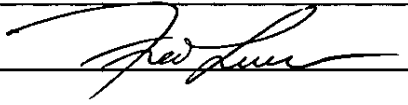
**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:

\_\_\_\_\_  
Fred Lueck, as authorized representative of  
\_\_\_\_\_  
Porta Holdings II, Inc. (the General Partner)

  
\_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL -3 PM 3:33

APPROVED  
AND  
FILED