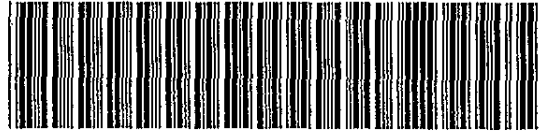


L01000004332

2005 JAN 10 P 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)



600044058526

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

01/10/05--01040--004 ... \*\*25.00

(Business Entity Name)

(Document Number)

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

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2005 JAN 10 P 3:43

**SUBJECT:** 495 NE 4th Street Associates, L.L.C.  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony C. Soviero, Esq.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

138 North Swinton Avenue  
(Address)

Delray Beach, FL 33444  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony C. Soviero at ( 561 ) 278-0098  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY

FILED

2005 JAN 10 P 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is

495 NE 4th Street Associates, L.L.C.

2. The date the dissolution was approved: 12/31/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Sale of sole asset of the Limited Liability Company

4. CHECK ONE:

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

There are no suits pending against the company in any court.

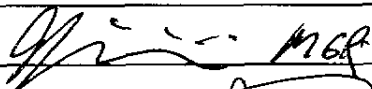
-OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

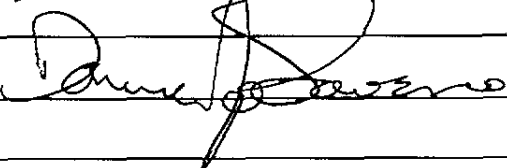
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name  
Karl Reiman as Manager of



Karl W. Reiman and Beatrice E. Reiman LLC



Donna Jo Soviero as Trustee of the

Margaret C. Soviero Irrevocable Trust

Filing Fee: \$25.00