

A07557

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

**DISS/TERM/CANCEL/REV OF LP/LLP
MIAMI CENTER LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER


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SECRETARY OF STATE
TALLAHASSEE, FLORIDACERTIFICATE OF DISSOLUTION
FORMiami Center 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 June 5, 1979, assigned Florida document number A07557, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Limited Partnership is no longer conducting business operations.**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.:Theodore B. Gould

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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Miami Center Limited Partnership

Description of information that must be included in a claim:

The date and place the claim arose, description of the claim (e.g. tort, contract), status of
the claim (i.e. contingent, unliquidated), claimant's contact information and
summary of any discussions held with Miami Center Limited Partnership previously,
and any legal proceedings initiated, in progress, or concluded regarding the claim.

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

Theodore B. Gould

c/o Cohen & Gresser LLP

800 Third Avenue

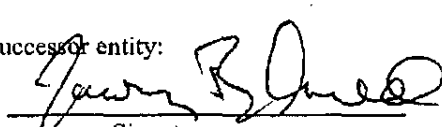
New York, NY 10022

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:

Theodore B. Gould

Printed Name


Signature

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