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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

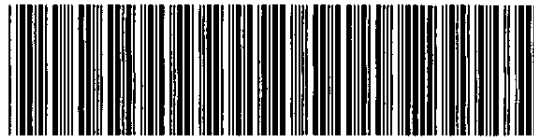
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 MAR 31 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DISSOLUTION

FILED

FOR

08 MAR 31 AM 11:31

THE PENNINGTON FLORIDA GROUP L.P.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida limited partnership, whose Certificate was filed with the Florida Department of State on March 30, 2000, hereby submits this Certificate of Dissolution.

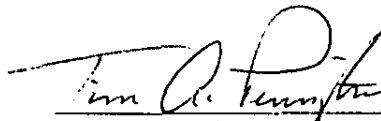
FIRST: Reason for Dissolution: The purpose for which the partnership was formed no longer exists.

SECOND: _____ A Notice of Dissolution is attached. (check if attached)

THIRD: The effective date of this Certificate of Dissolution shall be the date on which the Certificate is filed with the Florida Department of State.

(The 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 Florida Statutes, Section 620.1803(3) or (4).



TRUSTEE

Tim A. Pennington, Successor Trustee of the
Gordon R. Pennington Trust dated 7/11/1994