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To:

Division of Corporations

Fax Number : (850)205-0383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407) 650-1000

Fax Number

: (407)540-2699

DISS/TERM/CANCEL/REV OF LP/LLP

WAIKIKI BEACH RESORT, LTD.

Certificate of Status	0
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CERTIFICATE OF DISSOLUTION FOR WAIKIKI BEACH RESORT, LTD.

Effective Date 12/31/06

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 June 14, 2001, hereby submits this Certificate of Dissolution.

FIRST: Reason for Dissolution. The general partners mutually agreed to dissolve the Partnership. As a result the Partnership has been dissolved, all distributions and obligations resolved.

SECOND: <u>Effective Date of Dissolution</u>. The Certificate of Dissolution shall be effective on December 31, 2006.

EXECUTED this _____ day of December, 2006.

GENERAL PARTNER

WBR PARTNERS, INC.

Ву:_____

DIVISION OF CORPORATIONS

OS OFF I AMIO: 57