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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Adcount Number : 076077003231 Phone : (561)650-0471

Fax Number : (561)650-0431

DISS/TERM/CANCEL/REV OF LP/LLP STREEM FAMILY LIMITED PARTNERSHIP

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EXAMINER

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CERTIFICATE OF DISSOLUTION FOR

STREEM FAMILY LIMITED (Name of Florida Limited Pa	PARTNERSHIP urtnership or Limited Liability Limited Partnership)		
		h the	
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)	
STREEM FAMILY LIMITED PARTNERSHIP IS BEING DISSOLVED BY THE CONSENT OF ALL			
GENERAL PARTNERS AND ALL LIMIT	TED PARTNERS IN ACCORDANCE WITH	<u> </u>	
SECTION 620.1801(1)(b), FLORIDA S	TATUES.		
	·		
SECOND: A Notice of Dissol (Check box if attack)		7	
THORD: Effective date, if other than the d	ate of filing: NOVEMBER 30, 2009		
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by th	e Floridä	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to	n Wiley	
	Larly CO		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	2009 NOV 12 AM TO SECRETARY OF ST TALLAHASSEE, FLO	