

A02000000757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

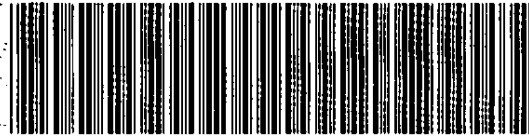
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

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FILED
10 JUN 24 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 25 2010

EXAMINER

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

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:
EAST SIDE VILLAGE-FORT LAUDERDALE LIMITED PARTNERSHIP

Description of information that must be included in a claim:

1) Date of claim.

2) Amount of claim.

3) Name and contact information of party making claim.

4) Detailed description of claim.

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10 JUN 24 AM 9:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

c/o Hearthstone, Inc., 16133 Ventura Blvd, Suite 1400, Encino, CA 91436

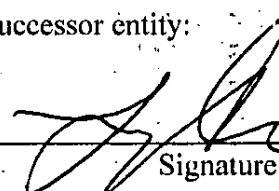
Attn: General Counsel

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:

Tracy T. Carver

Printed Name


Signature