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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PASSAGE OPPORTUNITY FUND, LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MICHAEL J. PROVINES

(Contact Person)

PASSAGE OPPORTUNITY FUND

(Firm/Company)

3920 RCA BLVD., SUITE 2001

(Address)

PALM BEACH GARDENS, FL 33410

(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. PROVINES

. 2561 - 2561 627-7022

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

Status

\$52.50 Filing Fee

\$61.25 Filing Fee and Certificate of

and Certified Copy

\$105.00 Filing Fee

\$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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CERTIFICATE OF DISSOLUTION **FOR**

PASSAGE OPPORTUNITY FUND, LTD. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

(Name of Plotida Emilied 1	a biciship of Littlied Liab	mity Emitted Farmersimp	"	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on AP Certificate of Dissolution.	ed partnership, whose		with the	=
FIRST: Reason for dissolution: (S	State why partnership	is submitting dissolu	tion)	
UPON WRITTEN COM	ISENT OF AL	L THE PART	ΓNERS	
· · · · · · · · · · · · · · · · · · ·		· -	<u></u>	
		t t t t t t t t t t t t t t t t t t t	 	
SECOND: A Notice of Dissol (Check box if attack)				
THIRD: Effective date, if other than the	late of filing: MARC	H 31, 2006	7.00 Aug. 00	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the da	te this document is filed i		
Signatures of each general partner os. 620.1803(3), or (4), F.S.:	r the person appointed	d pursuant to	表 21 m	L
M. C. Restina	-	<u> </u>	9: 46 FLIRID	
They so	-			٠
Filing Foot				•
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		 ·	
Certificate of Status (optional):	\$8.75			

