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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

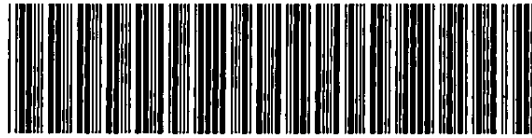
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SECRETARY OF STATE
FALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lombardi Enterprises Family Limited Partnership, 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:

James R. Sloto, Esq.
(Contact Person)
Sloto & Associates, PL
(Firm/Company)
200 S. Biscayne Blvd., Suite 3000
(Address)
Miami, FL 33131
(City, State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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For further information concerning this matter, please call:

James R. Sloto at (305) 379-1792
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$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

**CERTIFICATE OF DISSOLUTION
FOR**

Lombardi Enterprises Family Limited Partnership, Ltd.

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

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on March 13, 2006, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

There is no continuing need for the partnership to remain active.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(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 s. 620.1803(3) or (4), F.S.:

By: *Peter Lombardi*

Scorpgems, Inc.

By: Peter Lombardi, President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE
FLORIDA
07 APR 23 PM 1:05
F.L.D.

**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:

Lombardi Enterprises Family Limited Partnership, Ltd.

Description of information that must be included in a claim:

Claimant mailing or contact information, claim amount and back-up data.

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

James R. Sloto, Esq.

Sloto & Associates, PL

200 S. Biscayne Blvd., Suite 3000

Miami, FL 33131


SECRETARY OF STATE
TALLAHASSEE FLORIDA
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F.L.E.M.

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;

Scorpgems, Inc. by Peter Lombardi, President

Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.