H00000001125

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cil | ty/State/Zip/Phone | e#) . |
| PICK-UP | WAIT | MAIL |
| (Ви | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only

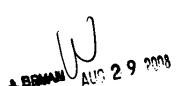


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08 SEP 15 AM 10: 19



J. BRYAN

SEP 16 2008

EXAMINER



RECEIVED SEP 05 2008



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2008

MARC HAGLE 100 E. SYBELIA AVENUE, SUITE 120 MAITLAND, FL 32751

SUBJECT: TDC ASSET MANAGEMENT, LIMITED PARTNERSHIP

Ref. Number: A06000001125



We have received your document for TDC ASSET MANAGEMENT, LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

You completed the wrong form

ightharpoonupWe are enclosing the proper form(s) with instructions for your convenience. Let

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 708A00048070



COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: TDC Asset Management Limited Partnership (Name of Florida Limited Partnership of Limited Liability Limited Partnership) | |
| The enclosed Certificate of Dissolution and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to: | |
| Marc Haste (Contact Person) | |
| Tix Asset Management Limited Partnership (Firm/Company) | SIVIE |
| (Firm/Company) 100 E. Subelia Are Suite 120 (Address) | NAME OF THE PARTY |
| Matland, FL 32751 (City, State and Zip Code) | . (|
| For further information concerning this matter, please call: | |
| Vivian Powers at (407) 629.2040 (Name of Contact Person) (Area Code and Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$52.50 Filing Fee South Status \$61.25 Filing Fee and Certified Copy Status \$113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | |

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

| TDC Assed Management Limited Partnership | |
|---|--------|
| (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 9125000, assigned Florida document number 100001125, hereby submits this Certificate of Dissolution. | |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) | |
| Partnership dissolved | |
| | 4 |
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| | ر ا |
| | COKY |
| SECOND: A Notice of Dissolution is attached. (Check box if attached.) | 784 |
| 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. 620.1802(3) or (4), F.S.: | |
| | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |