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SECRETARY OF STATE
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COVER LETTER

	egistratior ivision of	n Section Corporation	ns								
SUBJEC	T:	SUMMIT	ASSOCIAT	ES,	LTD.,	a	Florida	Limit	ed_	Partn	ership
	(Name o	f Florida Lin	ited Partnership	or Li	mited Liab	ility	Limited Partne	ership)	 -	<u></u>	T ₄
The enclo	sed Certi	ficate of Di	ssolution and	l fee(s	s) are sub	mit	ted for filing	ζ.			
Please ret	turn all co	rresponden	ce concerning	g this	matter to):					
Sherry	L. Hym	nan, Esq									
		(Contac	t Person)		<u> </u>		77 F 18 18 18 18 18 18 18 18 18 18 18 18 18	47 k			
Law O	ffice of	Sherry L	Hyman,	PLI	_C						
		(Firm/C	ompany)	-		 .	***	. ****	•		
3801 F	GA Blv	d., Suite	e 107								
	·	(Add	iress)		• .		-1 + 3μ , 1 \$° = 0	r f sph			rendering en en
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- CHILL		<u>`</u>	and Zip Code)		= -22		- £,	. [- C	38	
		(On), Saw (ard Esp Code)							2006 DEC	- Tables
For further	er informa	tion conce	ming this mat	tter, p	lease cal	1:		<u>(</u>	ARYO	÷ .	Section 1
Sherry	L. Hym	an		at (561	١	744-103			PM12: 43	O
(1)	ame of Cor	ntact Person)	 	(-			nd Daytime Te	lephone N	umbe	ii)	
Enclosed	is a check	for the fol	lowing amou	nt:					Эmi >	డు	
☑ \$52.50 F	iling Fee	\$61.25 and Certi Status	Filing Fee ficate of		105.00 Fili Certified C		Certific	3.75 Filing ed Copy, a cate of Stat	nd		
STREET	'ADDRE	SS:			MAI	LI	NG ADDRE	SS:			
Registration Section			Registration Section								
Division of Corporations				Division of Corporations							
Clifton Building				P. O. Box 6327							
2661 Executive Center Circle				Tallahassee, FL 32314							

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

Summit Associates, Ltd., a Florida 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 January 31, 1978 _____, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) No further business to be transacted. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filling: December 31, 2006 (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.: FRANKEL MANAGEMENT, INC. a Pennsylyania corporat Benjamin Frankel, Pressident

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

12-31-06

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:

Summit Associates, Ltd., a Florida Limited Partnership

Description of information that must be included in a claim:

Name and address of claimant and description and amount of claim.

| Proceedings of the content of the successor entity: | Proceeding to the successor entity: | Proceedings of the successor entity: | Proceedings of the successor entity: | Proceedings of the successor entity: | Printed Name | Printed Nam

Benjamin Frankel, President

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