Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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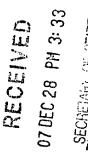
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DISS/TERM/CANCEL/REV OF LP/LLP

BOOTH LIMITED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF DISSOLUTION FOR

Booth Limited Partnership	ip				
(Nume 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 August 22, 1979, hereby submits this Certificate of Dissolution.					
FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Each of the general partner and limited partner of the limited partnership have resolved to dissolve the limited partnership					
				<u> </u>	
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 s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to				
Modelan 5 Many Vice President Treasure	r				
Manor Care, Inc.					
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$2.75				

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.

Description of information that must be included in a claim: Amount of alleged claim and brief statement of facts giving rise		
Mailing address where claims can be so	ent: (Claims cannot be sent to the Florids	
333 N. Summit St., Toledo, C	OH 43604	

Matthew S. Kang

Printed Name

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