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## **COVER LETTER**

and Certificate of Status  and Certified Copy Certified Copy, and Certificate of Status  STREET ADDRESS:  MAILING ADDRESS:	TO: Registration Division of	Section Corporations							
Please return all correspondence concerning this matter to:  Britta Bolin  (Contact Person)  Mansur & Company  (Firm/Company)  875 N Michigan Avenue #3620  (Address)  Chicago IL 60611  (City, State and Zip Code)  For further information concerning this matter, please call:  Britta Bolin  (Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  S\$2.50 Filing Fee	SUBJECT: MBP (Name o	Investors, Ltd f Florida Limited Partnersh	ip or Lin	nited Liab	ility Lim	ited Partnershi	(p)	<b>-</b>	
Britta Bolin  (Contact Person)  Mansur & Company  (Firm/Company)  875 N Michigan Avenue #3620  (Address)  Chicago IL 60811  (City, State and Zip Code)  For further information concerning this matter, please call:  Britta Bolin  at (312) 263-2400  (Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \frac{1}{2} \frac{1}{2	The enclosed Certif	ficate of Dissolution ar	nd fee(s	) are sub	mitted	for filing.			
(Contact Person)  Mansur & Company  (Firm/Company)  875 N Michigan Avenue #3620 (Address)  Chicago il. 60611  (City, State and Zip Code)  For further information concerning this matter, please call:  Britta Bolin  at (312) 263-2400  (Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \frac{1}{2}	Please return all co.	rrespondence concerni	ng this	matter to	<b>D</b> :				
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Registration Section Registration Section	STREET ADDRE	SS:		MAJ	LING	ADDRESS:	:		
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•	•		Division of Corporations						
- · · · · · · · · · · · · · · · · · · ·	Clifton Building			P. O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				i aila	massee,	FL 32314			

## CERTIFICATE OF DISSOLUTION FOR

MBP Investors, Ltd.			
(Name of Florida Limited Partr	nership or Limited Liability Limited Partnership)		
partnership or limited liability limited Florida Department of State on April 2	partnership, whose certificate was filed was f	ith the	
FIRST: Reason for dissolution: (State	te why partnership is submitting dissolution	on)	
Partnership has filed final tax return and is	s no longer doing business.		
			_
		····	
SECOND: A Notice of Dissolut (Check box if attached)			
THIRD: Effective date, if other than the date	of filing:		- <u>:</u> _a
(Effective date cannot be prior to nor more the Department of State.)	an 90 days after the date this document is filed by	the Flor	idā 5
Signatures of each general partner or to s. 620.1803(3) or (4), F.S.:	he person appointed pursuant to		P
		1	79 (3
Austin C. Hansur, Vice fes. Mansur Interesta II, G.P.			— —
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commence or prairies (optional).	U+1-U		