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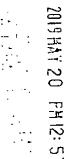
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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations THE ST. LUCIE BOULEVARD, PORT SALERNO LIMITED PARTNERSHIP (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: SIDNEY FRISCH, JR. (Contact Person) FRISCH & FRISCH CHARTERED, #2E (Firm/Company) 14 NORTH PEORIA STREET, #2E (Address) CHICAGO, IL 60607 (City, State and Zip Code) For further information concerning this matter, please call: 666-7080 SIDNEY FRISCH, JR. (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

CERTIFICATE OF DISSOLUTION FOR

THE ST. LUCIE BOULEVARD, PORT SALERNO LIMITED PARTNERSHIP

THE ST. COCH. BOOKEVARD, FORT	JALINANO IM	THE DIARTNERSHII		
(Name of Florida Limited Partnership o	r Limited Liabil	lity Limited Partnership)		
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on AUC document number A20601 Dissolution.	ted partnershi	p, whose certificate was filed wi	th the	
FIRST: Reason for dissolution: (State why par	tnership is submitting dissolution	n)	
SINGLE REAL ESTATE ASSET WAS SOLD. ALL LIABILITIES PAID, AND BALANCE OF				
CASH DISTRIBUTED TO PARTNERS				
SECOND: A Notice of Dissolution is attached. (Check box if attached.)			2019 MAY 2	
THIRD: Effective date, if other than th	e date of filing:	DATE OF FILING		
Abstective date cannot be prior to nor more	e than 90 days c	ifter the date this document is filed by t	he Flòrida <u>₹</u> - ·	
Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	s not meet the a	pplicable statutory filing requirements,	this date will	
not be used as the document selective d	ate on the 19epai	ration of State 3 records.		
Signatures of each general partner or the p	erson appointed	pursuant to 8-620.1803(3) or (4), F.S.	:	
Rozar C. Klein	<u></u>	SIONEY FICISCH, SA		
ROBART C. KLAIN		/ SIONEY FICISCH JA		
Sandra X. Klein	<u>~</u>			
	653 50			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			
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