## A22105

00799-00624-00676-00	1671 form LP NOT GP fee \$52.50
(Requestor's Name)	
(Address)	000064633190
(Address)	
(City/State/Zip/Phone #)	000064633190 01/30/0601057002 **25.00
(Business Entity Name) (Document Number)	03/13/0601933022 **27.50
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  213 FL LP AUS	
	06 MAR 13

Office Use Only

\*\*27.50



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2006

GRACE TOBIAS HIDROCK REALTY, INC. 65 WEST 36TH STREET, SUITE 1200 NEW YORK, NY 10018

SUBJECT: CYPRESS ASSOCIATES, LTD.

Ref. Number: A22105

We have received your document for CYPRESS ASSOCIATES, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to dissolve this Limited Partnership, the form submitted is for a General Partnership. Also, the filing fee is \$52.50.

There is a balance due of \$27.50.

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) 245-6967.

Letter Number: 506A00008923

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Sect Division of Corp		
	rida Limited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate	e of Dissolution and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to:	
Hidrock Re	Contact Person)  Calty Inc.  (Firm/Company)  CM Shreet Suite 1200  (Address)  (Address)  (State and Zip Code)	
For further information of	concerning this matter, please call:	
O(a(e To) (Name of Contact P		.126
Enclosed is a check for t	the following amount:	
an	\$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of and Certified Copy Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	P. O. Box 6327	

## CERTIFICATE OF DISSOLUTION FOR

Cupiess Ass	ouates	Ltd.
Name of Florida Limited P.	artnership or Limite	d Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State onC Certificate of Dissolution.	ed partnership, v	
FIRST: Reason for dissolution: (S	State why partner	rship is submitting dissolution)
Sold Proporty		-
Joid Fogeria		
<u> </u>		
SECOND: A Notice of Dissol (Check box if attac		l.
THIRD: Effective date, if other than the	date of filing:	12/31/05
		the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person app	ointed pursuant to
Tol 9 , Part		
	_	
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	ÏA.

MAR 13 PH 1: 12