A24363

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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04/13/09--01023--021 **61.25



S. HAWKES

APR 1 4 2009

EXAMINER

COVER LETTER

Division of C				•	
SUBJECT: GOLF	CLUB INVEST	MENT	S, LTD.		
(Name of	Florida Limited Partnershi	ip or Lin	ited Liability Li	mited Partnership)	
The enclosed Certifi	cate of Dissolution an	d fee(s)	are submitte	d for filing.	
Please return all corr	respondence concernir	ng this i	natter to:		
Hank Stevens					
	(Contact Person)				
Lost Tree Preserve, LI					
	(Firm/Company)				
3399 PGA Boulevard,	Suite 260				
	(Address)				
Palm Beach Gardens,	FL 33410				
(City, State and Zip Code)				
For further informati	on concerning this ma	atter, pl	ease call:		
Hank Stevens		at (561) 6	26-9711	
(Name of Conta	act Person)		(Area Code and	Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing Fee Centified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	S:		MAILING	G ADDRESS:	
Registration Section			Registration Section		
Division of Corporations			Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle				e, FL 32314	
Tallahassee, FL 323			,	,	

CERTIFICATE OF DISSOLUTION FOR

GOLF CLUB INVESTMENT			
(Name of Florida Limited Pa	artnership or Limite	d Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A24363 Dissolution.	ed partnership, w 3/10/1987	hose certificate was filed w , assigned F	vith the lorida
FIRST: Reason for dissolution: (S		ship is submitting dissolution	on)
	<u></u>		
SECOND: A Notice of Disso (Check box if attack)	ched.)		
THIRD: Effective date, if other than the d	ate of filing:	1/10/09	•
(Effective date cannot be prior to nor more Department of State.)	than 90 days after i	the date this document is filed by	the Florida
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person appo	ointed pursuant to	
Heleu & Ston	<u> </u>		
	_		
Filing Fee:	\$52.50 \$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		

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.	FIST 9
Name of Dissolved Limited Partnership or L	Limited Liability Limited Partnership
GOLF CLUB INVESTMENTS, LTD.	
Description of information that must be included	uded in a claim:
	ν'
Mailing address where claims can be sent: (Department of State.)	Claims cannot be sent to the Florida
	•
A claim against the above named limited par partnership will be barred unless a proceeding 4 years after the filing of the notice.	rtnership or limited liability limited ag to enforce the claim is commenced within
Signature of a general partner or a principal	of the successor entity:
	of the successor entity.
Helen E. Stone Printed Name	Signature

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