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(((H17000083792 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.

Account Number : 102450002676

: (305)670-0201

Phone Fax Number

: (305)670-6152

DISS/TERM/CANCEL/REV OF LP/LLP BIRD 107 PARTNERS, LTD., LLLP

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| Certificate of Status | 0 |
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H17000083792

CERTIFICATE OF DISSOLUTION FOR

| Bird 107 Partners, Ltd., LLL (Name of Florida Limited P | Partnership or L | imited Liability Limited Partnership) | |
|---|--------------------------------|--|--------|
| Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on October A 27157 Dissolution. | ted partnersh Iober 3, 1988 | Florida Statutes, this Florida limited ip, whose certificate was filed with the assigned Florida ereby submits this Certificate of | |
| FIRST: Reason for dissolution: (S | State why pa | rtnership is submitting dissolution) | |
| The Partnership has completed its bus | iness | | |
| | | | |
| | | | |
| SECOND: A Notice of Disso (Check box if atta | | ched. | 11 117 |
| THIRD: Effective date, if other than the | date of filing: | | • |
| (Effective date cannot be prior to nor more Department of State.) | e than 90 days o | ifter 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 | appointed pursuant to | |
| Sunreal Bird 107 Partners | _ | | |
| By: Maux Schwamers Schwimmer Investment, Inc By: Maux Schwamers | _ | By: Mall Schumen | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | |

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H17000083792

CERTIFICATE OF DISSOLUTION FOR

| Bird 107 Partners, Ltd., LL. (Name of Florida Limited I | LP Partnership or L | imited Liability Limited | Partnership) |
|--|--------------------------------|---------------------------|-------------------------------------|
| Pursuant to the provisions of section partnership or limited liability limited liabilit | ted partnersh tober 3, 1988 | ip, whose certificate | was filed with the assigned Florida |
| FIRST: Reason for dissolution: (| State why par | rtnership is submittir | ng dissolution) |
| The Partnership has completed its but | siness | ···· | |
| | | | |
| | | | |
| | , | | |
| SECOND: A Notice of Diss (Check box if attr | | ched. | |
| THIRD: Effective date, if other than the | date of filing: | ··· | · |
| (Effective date cannot be prior to nor nor Department of State) | e than 90 days t | ifier the date this docum | ent is filed by the Florida |
| Signatures of each general partner s. 620.1803(3) or (4), F.S.: | or the person | appointed pursuant | lo |
| Sunreal Bird 107 Partners | _ | <u> </u> | <u> </u> |
| By: | <u></u> | Ву: | |
| By: Elaine Ross | | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | | |

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CERTIFICATE OF DISSOLUTION FOR

| (Name of Florida Limited P | _P artnership or Limited Liability Limited Partnership) | . 0 |
|--|---|------------------------|
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Oct. | on 620.1203, Florida Statutes, this Florida limited led partnership, whose certificate was filed with the | |
| FIRST: Reason for dissolution: (| State why partnership is submitting dissolution) | |
| The Partnership has completed its bus | siness | |
| | ·. | |
| , | · | 50 |
| | | 7 1 |
| SECOND: A Notice of Disso (Check box if atta | | MAR 27 M |
| THIRD: Effective date, if other than the | date of filing: | 9. |
| (liffective date cannot be prior to nor man Department of State) | e than 90 days after the date this document is filed by the Flortda | |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.: | or the person appointed pursuant to | |
| Sunreal Bird 107 Partners | | |
| Ву: | Ву: | LAM SEN) |
| By: | Elise C. alexanocore | LUMBON - ABRAMON |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | . Ober andtel my f |

H17000083792

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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

| Bird 107 Partners, Ltd., LLLP | |
|--|---------------------------------------|
| Description of information that must be included in a | claim: |
| Claimant name, address and telephone number. | 48 |
| Nature of the claim. | |
| Amount claimed. | · · · · · · · · · · · · · · · · · · · |
| Mailing address where claims can be sent: (Claims of Department of State.) | annot be sent to the Florida |
| c/o Mark Schwimmer, P.A. | |
| 9400 South Dadeland Boulevard, Suite 600 | |
| Miami, Florida 33156 | |
| A claim against the above named limited partnership partnership will be barred unless a proceeding to enfo 4 years after the filing of the notice. | |
| Signature of a general partner or a principal of the suc | ccessor entity: |
| Mark Schwimmer for Sunreal Bird 107 Partners Printed Name | Maul Schumpu Signature |
| Fee: No charge if included with Certificate of Disa | olution If filed congretely |

\$52.50.