A30267

(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:			
Linda CAV.			
AUTHORIZATION BY PHONE TO			
COMMECT remove efforts			
DATE 1/10/11			
DOC. EXAM.			

Office Use Only

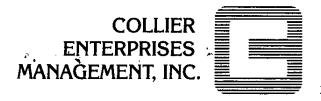


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01/06/11--01030--025 **\$2.50

SECRETARY OF STATE OF CORPORATIONS

N. Cumgan JAN 10 2011



3003 TAMIAMI TRAIL N., #400, NAPLES, FL 34103/PHONE 239/261-4455

December 30, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Mail #7002 2410 0002 8969 4055

To Whom It May Concern:

Please find enclosed 4 "Certificates of Dissolution" along with the filing fees for the following partnerships:

- 1) Collier Place I, Ltd. Document # A30265
- 2) Collier Place II, Ltd. Document # A30255
- 3) Collier Health Park, Ltd. Document # A33352
- 4) Crownpointe Commerce Park, Ltd. Document# A30267

If you have any questions, please call me at (239) 261-4455.

Sincerely,

Andra Mahoney

Enc: 4 Certificates of Dissolution

4 checks for filing fees

COVER LETTER

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TO: Registration Division of	Section Corporations		
	/npointe Commer f Florida Limited Partnersh	ce Park, Ltd. hip or Limited Liability Lim	ited Partnership)
The enclosed Certif	icate of Dissolution ar	nd fee(s) are submitted	for filing.
Please return all con	тespondence concerni	ng this matter to:	,
	Sandra Mahoney		
(Contact Person)			
Collie	r Enterprises Manageme	ent Inc	
001110	(Firm/Company)	<u> </u>	
		"	
300	3 Tamiami Trail North, S	uite 400	
	(Address)		
	Naples, FL 34103		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Linda Cannarsa		at (239)	261-4455
(Name of Contact Person)		(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee,	FL 32314
Tallahassee, FL 32301			

SECRETARY OF STATE DIVISION OF CORPORATION

CERTIFICATE OF DISSOLUTION **FOR**

11 JAN -6 AM 11: 07

4

Crownpoint (Name of Florida Limited Pa	te Commerce Park, Ltd.			
partnership or limited liability limite	a 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 6/25/90, assigned Florida, hereby submits this Certificate of			
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)			
The limited partnership has disposed of	fall of its assets and has ceased doing business.			
	· · · · · · · · · · · · · · · · · · ·			
SECOND: A Notice of Dissolution is attached. (Check box if attached.)				
THIRD: Effective date, if other than the da	ate of filing:			
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida			
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	the person appointed pursuant to			
Robert D. Corina VP of Collier Management Se General Partner	rvices, Inc.			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			