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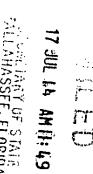
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Division of	n Section Corporations		
SURJECT. Grat	nd Trine Limited I	Partnership	
		ship or Limited Liability Lin	nited Partnership)
The enclosed State	ment of Termination a	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Saul Gross			
	(Contact Person)		
Streamline Pr	operties, Inc.		
	(Firm/Company)		
1125 Washing	gton Avenue		
	(Address)		
Miami Beach,	FL 33139		
	(City, State and Zip Code)		
For further informa	ation concerning this m	atter, please call:	
Saul Gross		at (305) 53	2-7368
(Name of Contact Person)		(Area Code and D	Daytime Telephone Number)
Enclosed is a chec	k 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		P. O. Box 63	
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314	
Tallahassee, FL 32301		i unand35cc,	: W JWJ (T

STATEMENT OF TERMINATION FOR

Grand Trine Limited Partne	ership		
(Name of Florida Limited Pa	artnership or I	Limited Liability Limited Partnership	o)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Statement of Termination.			
The limited partnership or limited li its affairs and wishes to file a staten	•		winding up
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the perso	n appointed pursuant to	
Saul K. Gron			- 1
			ANASSIE
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		AH II: 49 FLORIDA
Certificate of Status (optional):	\$8.75		