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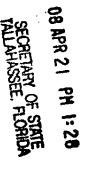
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M. Thomas APR 2 2 2008

COVER LETTER

Registration Section

TO:

Division of C	Corporations		
	y Cypress Assoc		
(Name o	f Florida Limited Partners	hip or Limited Liability Li	nited Partnership)
The enclosed Statem	ent of Termination an	d fee(s) are submitted	for filing.
Please return all corr	espondence concerning	ng this matter to:	
Karin R. Kandig	ian, CPA		
"	(Contact Person)		
Margolin, Winer	& Evens LLP		£ &
	(Firm/Company)		Ęġ
400 Garden City	y Plaza		1888 1888 1888
	(Address)		y.
Garden City, NY			
((City, State and Zip Code)		
For further informati	on concerning this ma	atter, please call:	
Karin R. Kandig	ian, CPA	at (516) 24	0-4396 Daytime Telephone Number)
(Name of C	ontact Person)	(Area Code and I	Daytime Telephone Number)
Enclosed is a check t	for the following amo	unt:	
✓ \$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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING A Registration Division of GP. O. Box 63 Tallahassee,	Section Corporations 27



March 7, 2008

KARIN R. KANDIGIAN, CPA MARGOLIN WINER & EVENS LLP 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530

SUBJECT: TRICONY CYPRESS ASSOCIATES, LTD.

Ref. Number: A9400001614

We have received your document for TRICONY CYPRESS ASSOCIATES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Letter Number: 808A00014227

Marsha Thomas Regulatory Specialist II AN 21 PM 1:28

COVER LETTER

Division of	1 Section Corporations	,		
SUBJECT: Trico	ony Cypress Asso	ociates, Ltd.		
		nip or Limited Liability Lim	ited Partnership)	
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	for filing.	
Please return all co	rrespondence concerni	ng this matter to:		
Karin R. Kand	igian, CPA		ş	1
	(Contact Person)		`	4
Margolin, Wine	er & Evens LLP			
	(Firm/Company)			
400 Garden C	ity Plaza			
	(Address)			
Garden City, N	NY 11530			
	(City, State and Zip Code))		
For further informa	ntion concerning this m	atter, please call:		
Karin R. Kandi	gian, CPA	at (516) 24	0-4396	
(Name of Co	ntact Person)		aytime Telephone Number)	
Enclosed is a check	c for the following amo	ount:		
S52.50 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 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32		rananassee,	1 L 32314	

CERTIFICATE OF DISSOLUTION FOR

ricony Cypress Associates, Ltd.	
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 02/01/1995 , hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
The consent of all General Partners and of all Limited Partners -	
<u></u>	Q.
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	OB APR 21 P
THIRD: Effective date, if other than the date of filing:	是是
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	PH 1:28
Signatures of each general partner or the person appointed pursuant to	7
s. 620.1803(3) or (4), F.S.: President.	
Kick Tricony Florida Cor	P.
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	