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Division of Corporations

Fax Number : (850)617-6383

EXAMINER

From:

Account Name : TRIVEST SERVICE CORPORATION

Account Number : 120020000111 Phone

: (305)858-2200

Fax Number

: (305)858-1629

DISS/TERM/CANCEL/REV OF LP/LLP

TRIVEST 1988 FUND MANAGERS, LTD.

Certificate of Status	0
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04/23/2009 11:20

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CERTIFICATE OF DISSOLUTION FOR

	UND MANAGERS, LTD.
(Name of Florida Limited I	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limi	on 620.1203, Plorida Statutes, this Florida limited ted partnership, whose certificate was filed with the ay 1, 1995, assigned Florida 89, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
CEASED DOING BUSINESS.	
SECOND: A Notice of Diss. (Check box if attr	
THIRD: Biferive date, if other than the	date of fiting:
(Effective date cannot be prior to nor mor Department of State.)	a than 90 days after the date this document is filed by the Florida
Signatures of each general partner of 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
By: Trivest Group, Inc., i	ts general partner
By: Mond Gershman, Prince	ipal
Filing Fac:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SECRETARY OF STATE TALLAHASSEE FUORIDA