(Re	equestor's Name)	<u>.</u>		
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COVER LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJ	ECT: TRUSTMANA	AGE, L	TD		
	(Name of Florida Limited	Partnership	or Limited Liability Limited Partnersh	nip)	
DOC	UMENT NUMBER: A95	500000	0708	<u>.</u>	
The e	nclosed Statement of Dissoc	ciation and	I fee(s) are submitted for filing.		
Please	return all correspondence	concerning	g this matter to:		
	<u> </u>				
Mic	helle N. Barron, E	sq.			
	(Contact Pe	rson)		AL SE	
Law	Offices of Frye &	Assoc	ciates, PA	07 NOV 13 SECRETAR ALLAHASS	1127
	(Firm/Comp	oany)		N ASA	orar)
209	00 West Dixie Hig	hway		C ***	∄ 11***
	(Addres	s)		F E	7
Ave	ntura, FL 33180			AM II: 17	The state of the s
	(City, State and	Zip Code)		7.7 AGI	
For fu	rther information concernir	ng this mat	ter, please call:		
Micl	nelle Barron		at (305) 931-3200	כ	
	(Name of Contact Person)		(Area Code and Daytime Telep	hone Number)	
✓	\$52.50 Filing Fee		\$105.00 Filing Fee and Certific	ed Copy.	
STRE	EET ADDRESS:		MAILING ADDRESS	S:	
	tration Section		Registration Section		
Divisi	on of Corporations		Division of Corporation	ns	

P. O. Box 6327

Tallahassee, FL 32314

CR2E118 (01/06)

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

TRUSTMANAGE LTD

2. The name of the dissociating general partner is:

JUBRAN A. HOCHE

Signature of Dissociating General Partner

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 INUV 13 AM 11: 17
ECRETARY OF STATE
IT AHASSEE FLORIDA