

# A 95000000 925

Division of Corporations

GUNSTER, YOAKLEY & STEWART, P.A.

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Page 1

Florida Department of State  
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 Fax Number : (850) 617-6383

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
 Account Number : 076117000420  
 Phone : (561) 650-0728  
 Fax Number : (561) 671-2527

2014 APR 28 AM 11:00  
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DISS/TERM/CANCEL/REV OF LP/LLP  
 CYPRESS EQUITY FUND, LTD.

Certificate of Status	0
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FAX AUDIT NO. H14000100822 3

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2014 APR 28 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR  
CYPRESS EQUITY FUND, LTD.  
(a Florida Limited Partnership)**

Pursuant to the provisions of section 620.1801, Florida Statutes, CYPRESS EQUITY FUND, LTD, a Florida limited partnership (the "Partnership"), whose certificate was filed with the Florida Department of State on June 21, 1995 and assigned document number A95000000925, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for Dissolution; The General Partner and Limited Partners have consented to the dissolution of the Partnership pursuant to the Agreement of Limited Partnership of the Partnership.

**SECOND:** A Notice of Dissolution is attached.

**THIRD:** The effective date shall be the date of filing of this Certificate of Dissolution.

IN WITNESS WHEREOF, the General Partner of the Partnership has executed this Certificate as of the 25<sup>th</sup> day of March, 2014.

**GENERAL PARTNER:**

**CYPRESS EQUITY FUND MANAGEMENT  
CORP.**

By:   
Name: Pamela Murphy  
Title: Vice President/Treasurer

FAX AUDIT NO. H14000100822 3

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2014 APR 28 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
CYPRESS EQUITY FUND, LTD.  
(a Florida Limited Partnership)**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in s. 620.1807, F.S.

1. Name of Dissolved Limited Partnership: CYPRESS EQUITY FUND, LTD., a Florida limited partnership
2. Description of information that must be included in a claim:
  - (1) The name, mailing address, phone number and email address of the claimant.
  - (2) The amount claimed.
  - (3) The date the claim arose.
  - (4) A reasonably specific description of the basis of the claim and copies of all documentation with respect to the claim (including, without limitation, copies of all written instruments evidencing the claim)
3. Mailing address where claims can be sent:
 

Cypress Equity Fund Management Corp.  
800 North Magnolia Avenue, Suite 1100  
Orlando, FL 32803
4. A claim against the above named limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

**GENERAL PARTNER:**

**CYPRESS EQUITY FUND MANAGEMENT  
CORP.**

By: *Pamela Murphy*  
Name: Pamela Murphy  
Title: Vice President/Treasurer