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(((H14000100822 3)))



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DISS/TERM/CANCEL/REV OF LP/LLP CYPRESS EQUITY FUND, LTD.

Certificate of Status	0
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Help

K. SALY APR 29 2014 . FAX AUDIT NO. H14000100822 3

2014 APR 28 AM II: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIBLE

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 25th day of March, 2014.

GENERAL PARTNER:

CYPRESS EQUITY FUND MANAGEMENT CORP.

Name: Pamela Murphy
Title: Vice President/Treasurer

FAX AUDIT NO. H14000100822 3

FILED

2014 APR 28 AM II: 00

SECRETARY OF STATE
TALLAHASSEE, FLORING

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.

- 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.

Name: Pamela Murphy
Title: Vice President/Treasurer_____