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(Requ	estor's Name)	
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COVER LETTER

10: Registration Section		
Division of Corporations		
SUBJECT: Woodland III, Ltd		
(Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concern H. Edward Garvin		
(Cont.	act Person)	
Florida Woodland Group, Inc		
(Firm	(Company)	
P.O. Box 357845		
(Ad	dress)	
Gainesville, FL 32635-7845		
(City, State	and Zip Code)	
For further information concerning this	matter, please call:	
Ed Garvin	352 334-1976 at ()	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	
\$52.50 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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CERTIFICATE OF DISSOLUTION FOR

Woodland III, 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 October 30, 1995, assigned Florida document number A95000001649, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Complete liquidation of partnership and cessation of business
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Floridat Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we not be listed as the document's effective date on the Department of State's records.
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: Deron Ja, preschent fleveda wood land, eve general fartner
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

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

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: Woodland III, Ltd. Description of information that must be included in a claim: All facts, circumstances, dates, documents reasonably necessary to establish and to assess the validity of the claim together with the identity and physical address of all natual personnsl and other legal entities involved in or having an interest in the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) P.O. Box 357845 Gainesville, FL 32635-7845

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Dennis G. Lee, President

Printed Name

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.