A95000001891

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					
1891					
1891 1995: 1891					
27.50					

Office Use Only



800066940228

03/28/06--01021--028 **21-53

DOMESTIC CONTROL OF METERS

OS MAR 29 AM II: 12

N. Outligan MAR 2 9 2006



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

UTE A. VON CASTEL-DUNWOODY 305 S.W. 140TH TERRACE NEWBERRY, FL 32669-3042

SUBJECT: VCD INVESTMENT LIMITED PARTNERSHIP

Ref. Number: A95000001891

We have received your document for VCD INVESTMENT LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing forms were submitted you sumbitted the forms to dissolve a general partnership. Enclosed is the proper forms and note the different filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 506A00016118

Neysa Culligan Document Specialist

COVER LETTER

TO: Registration Division of C	Section Corporations			
	Investment Limi Florida Limited Partnersh	ted Partnership ip or Limited Liability Limi	ted Partnership)	
The enclosed Notice	of Dissolution and fe	ee(s) are submitted for t	īling.	
Please return all cor	respondence concerni	ng this matter to:		
UteA. von	Castel-Dunwoody (Contact Person)	· · · · · · · · · · · · · · · · · · ·		
VCD Investme	ent Limited Partn	ership		
(Firm/Company)				
305 S.W. 140t	h Terrace (Address)			
Newberry, FL	. 32669 (City, State and Zip Code)			
For further informat	ion concerning this m	atter, please call:		
Alice Dunwoody		_at (<u>352</u>) <u>33</u>	2-9600	
(Name of C	Contact Person)	(Area Code and Da	sytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
∑\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301		i ananassee,	FL 32314	

CERTIFICATE OF DISSOLUTION FOR

VCD Investment Limited	Partnership)	
(Name of Florida Limited P	artnership or Lim	ited Liability Limited Partne	rship)
Pursuant to the provisions of sectio partnership or limited liability limit Florida Department of State on Certificate of Dissolution.	ed partnership		filed with the
FIRST: Reason for dissolution: (S	State why partr	nership is submitting dis	solution)
Business closed.			
	•		
	<u> </u>		N SE SE
			HAS
SECOND: A Notice of Disso	lution is attach	ed.	
(Check box if attac	ched.)		8₽ :
THIRD: Effective date, if other than the	date of filing:	4/1/06	DF 2
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days aft	er the date this document is j	filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	ppointed pursuant to	
Lile As an Castel - Dunwo	vel/		
	—		
			
	_ _		
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50 \$9.75		
Certificate of Status (optional):	\$8.75		