| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Add                      | dress)            |           |
| (Add                      | dress)            |           |
| (City                     | y/State/Zip/Phone | o f)      |
| PICK-UP                   | ₩ wait            | MAIL      |
| (Bus                      | siness Entity Nan | ne)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |

Office Use Only



000070369650

05/02/06--01054--017 \*\*27.50

OF THE SHOP OF THE PROPERTY OF

04/14/06-01034-008 \*\*25.00

2006 MAY - 2 PM 1: 11



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2006

STEPHEN F. PACOCHA 5350 W. ATLANTIC AVE DELRAY BEACH, FL 33484

SUBJECT: HOME DEVELOPMENT OF HUNTERS RUN LTD.

Ref. Number: A96000000367

We have received your document for HOME DEVELOPMENT OF HUNTERS RUN LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00026584

2006 MAY - 2 PM L: 14

## COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: HOME SEVELOP (Name of Florida Limited Partnershi                                   | MENT OF HUNTER'S RUN ip or Limited Liability Limited Partnership)                  |
|---|--|
| The enclosed Certificate of Dissolution an  | d fee(s) are submitted for filing.   |
| Please return all correspondence concernir  | ng this matter to:   |
| Stephen F. Pa (Contact Person)  Home DEVED (Firm/Company)                                   | cocha E  |
| 5350 W. ATLANTIC  |  |
| Selvay Beach, FL. (City, State and Zip Code)  | 33484  |
| For further information concerning this ma  | atter, please call:  |
| Stephen F. Pacocha (Name of Contact Person)   | at (561) 638 - 3680<br>(Area Code and Daytime Telephone Number)                    |
| Enclosed is a check for the following amo   | •  |
| □\$52.50 Filing Fee  ⇒ J7.50  (all attached)  □\$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET ADDRESS:   | MAILING ADDRESS:   |
| Registration Section  | Registration Section   |
| Division of Corporations  | Division of Corporations P. O. Box 6327  |
| Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                         | Tallahassee, FL 32314  |
|   |  |

## CERTIFICATE OF DISSOLUTION FOR

| Name of Florida Limited P  | UT OF HI           | INTERS K               | ath, nu                | ١.                |
|--|--------------------|------------------------|------------------------|-------------------|
| (Name of Florida Limited P   | artnership or Lim  | ited Liability Limited | Partnership)           |                   |
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Foundation Certificate of Dissolution. | ed partnership.    | whose certificate      | was filed with t       | the               |
| FIRST: Reason for dissolution: (S  | State why partr    | ership is submitti     | ng dissolution)        |                   |
|  |                    |                        | ,                      |                   |
| No longer do   | ing bu             | SINESS.                |                        |                   |
|  |                    |                        |                        |                   |
| SECOND: A Notice of Dissol (Check box if attack  |                    | ed.                    | _                      |                   |
| THIRD: Effective date, if other than the   | date of filing:    |                        | o to <b>v</b> o        | . <del>'</del>    |
| (Effective date cannot be prior to nor more<br>Department of State.)   | e than 90 days aft | er the date this docur | nent is filed by the l | Florida           |
| Signatures of each general partner   | or the person a    | ppointed pursuant      | to                     |                   |
| s. 620,1803(3) or (4), F.S.:   | 7                  |                        |                        | SEC<br>DIVISION N |
| Home Development Con   | els FE-I           |                        |                        | SECRETARY OF P    |
|  |                    |                        |                        |                   |
| Filing Fee:  | \$52.50            |                        |                        |                   |
| Certified Copy (optional):   | \$52.50            |                        |                        | <b>€</b> ₹        |
| Certificate of Status (optional):  | \$8.75             |                        |                        |                   |