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Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

P.A.

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-6435

98-9427/DBW

**DISS/TERM/CANCEL/REV OF LP/LLP
KLEIN FAMILY LIMITED PARTNERSHIP I**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR
KLEIN FAMILY LIMITED PARTNERSHIP I**


Pursuant to the provisions of section 620.1203, Florida Statutes, **KLEIN FAMILY LIMITED PARTNERSHIP I**, a Florida limited partnership (the "Partnership"), whose certificate was filed with the Florida Department of State on July 1, 1996, assigned Florida document number A96000001245, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution. The Partnership is being dissolved upon the written agreement of all of the general partners and limited partners, dated March 1, 2015, pursuant to Section 5.1 of the Limited Partnership Agreement dated June 27, 1996, between all of the general partners and limited partners of the Partnership.

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

THIRD: Effective Date. The effective date of the dissolution of the Partnership shall be the date upon which this Certificate of Dissolution is filed by the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Dissolution is executed by the General Partner of the Partnership on the 1st day of March, 2015.


VIRGINIA A. KLEIN, as Successor Trustee
of the "WILLIAM C. KLEIN REVOCABLE
TRUST," created U/A dated June 6, 1997,
as amended

"GENERAL PARTNER"

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below (the "Partnership"), in connection with the dissolution of the Partnership for resolution of payment of unknown claims against the Partnership, as provided in §620.1807, Fla. Stat.

Name of Dissolved Limited Partnership:

KLEIN FAMILY LIMITED PARTNERSHIP I

Description of information that must be included in a claim:


- (1) Name of claimant
- (2) Address of claimant
- (3) Amount of claim
- (4) Grounds upon which the claim is based
- (5) Any other descriptive information about the claim (e.g., date and place it arose).

Mailing address where claims can be sent:

c/o Don B. Weinbren, Esquire
Trenam Kemker, et. al.
Post Office Box 1102
Tampa, Florida 33601-1102

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

This Notice of Dissolution is executed by the General Partner of the Partnership on the 1st day of March, 2015.


VIRGINIA A. KLEIN, as Successor Trustee
of the "WILLIAM C. KLEIN REVOCABLE
TRUST," created U/A dated June 6, 1997,
as amended

"GENERAL PARTNER"

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