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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FASK Really UUP (Name of Florida Limited Paymership or Limited Liability L	imited Partnership)
DOCUMENT NUMBER: <u>A9700000938</u>	
The enclosed Statement of Dissociation and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to:	
Barbara Afaro (Contact Person) Stainsafe (Firm/Company) 354 Hiat Deire (Address)	07 HAY -4 AM 11: 35 07 HAY -4 AM 11: 35 SECRETARY OF STATE TALLAHASSEE, FLORIO
Palm Beach Sardens, 46 33418 (City, State and Zip Code)	I: 35 LORIDA
For further information concerning this matter, please call:	
Barbara Alfaro at (Spl) (Name of Contact Person) (Area Code and	622-4260 X 106. d Daytime Telephone Number)
▼ \$52.50 Filing Fee	ee and Certified Copy.
Registration SectionRegistrationDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314

CR2E118 (01/06)

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned ge partner hereby dissociates from the following limited partnership or limited liability limited partnership:			
1. The name of Limited Partnership or Limited Liability Limited Partnership is: FASK Ready LLP	 •		
2. The name of the dissociating general partner is:			
mode J. Abrams	,		
Man fahran Signature of Dissociating General Partner	SECRETARY	07 MAY -4	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	OF STATE	AH 11: 35	

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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O/ DA
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50