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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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COVER LETTER

TO: Registration	Section			
Division of Corpora	ations			
SUBJECT: Mitchel	l Kalogridis, Ltd.			
	Glame of Florida Limited Pa	rinership or Limited Liability Limited	l Partnership)	_
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	(Conta	ct Person)		<u></u>
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Winter Haven, FL 3388	83-9498			- q
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For further information	tion concerning this n	natter, please call:		8: 25 - 1: [- LORIGA
Robert J. Stambaugh		863 293-5	000	
(Name)	it Contact Person)	(Arga Code) (Day)	ume Lelephone Number	1
Enclosed is a check	for the following am	ount:		
S52.50 Filling Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy Certificate of S	r, and
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	MAILING A Registration S Division of C P. O. Box 631 Tallahassee, F	Section orporations 27	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR MITCHELL KALOGRIDIS, LTD.

Pursuant to the provisions of section 620.1203. Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 22, 1997, assigned Florida document number A97000001815, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: Disposition of all partnership property.

SECOND: A Notice of Dissolution is attached.

THIRD: The effective date shall be the date of filing.

MITCHELL KALOGRIDIS, LTD., a Florida limited partnership,

By: Kalo Management, Inc., a Florida corporation, its general partner

Mitchell Kalogridis, President

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TALLAHASSEE ESTAIL

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP

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

Name of Dissolved Limited Partnership:

Mitchell Kalogridis, Ltd.

Description of information that must be included in a claim:

- 1. The name and address of the person or entity asserting the claim.
- 2. A detailed explanation of the basis for the claim.
- If the claim is based upon a written agreement or other written instrument, a copy must be included.
- 4. The dollar amount of the claim.
- If the claim has been previously been asserted, the date of assertion and the manner it was asserted.
- 6. If the claim has not been previously asserted, an explanation for the delay in so doing

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

2110-B Boca Raton Drive Suite 100

Austin, TX 78747

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

MITCHELL KALOGRIDIS, LTD., a Florida limited partnership.

By: Kalo Management, Inc. a Florida corporation, its general partner

Mitchell Kalogridis, President