49700002807

(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:					
·					

Office Use Only

G. MCLEOD

AUG - 5 2008

EXAMINER



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DIVISECRETARY OF STATE

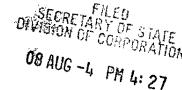
COVER LETTER

TO: Registration S Division of C					
		TE PARTNERS ip or Limited Liability Limi			
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted	for filing.		
Please return all corr	espondence concerni	ng this matter to:			
Shelley Marci		. <u> </u>			
	(Contact Person)				
WLD Enterpri	ises, Inc.				
(Firm/Company)					
401 East Las Olas Boulevard, Suite 2200					
	(Address)	· · · · · · · · · · · · · · · · · · ·			
	ale, FL 33301				
(City, State and Zip Code)				
For further information concerning this matter, please call:					
Shelley Marciano		at (954) 52	3-7771		
(Name of Cont		(Area Code and D	aytime 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	a	P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
ramanassee, FL 323	WI				

DIVISION OF CORPORATION 08 AUG -4 PM 4: 27

CERTIFICATE OF DISSOLUTION FOR

WLD REAL ESTATE PARTNERS, LTD.



NOTICE OF DISSOLUTION FOR

FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

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

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

WLD REAL ESTATE PARTNERS, LTD. Description of information that must be included in a claim: Name of claimant Origination date and amount of claim Reason for claim/payment due Efforts made to collect/contact used in collection efforts Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) WLD Enterprises, Inc.

401 East Las Olas Boulevard

Suite 2200

Fort Lauderdale, FL 33301

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

Signature of a general partner or a principal of the successor entity:

David W. Horvitz

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.