

Sent By: Michael D. Horklick, P.A.

941-484-5656

6-Sep-06 13:39:00

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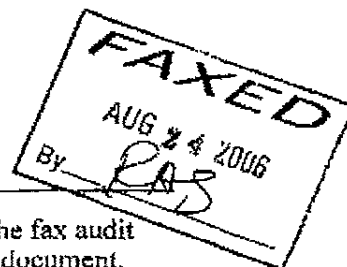
Division of Corporations

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**A97 00000 2925**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations c/o Marsha/Reg. Dept.  
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL D. HORKLICK, P.A.  
Account Number : 072100000126  
Phone : (941) 484-5656  
Fax Number : (941) 484-1650

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

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**DISS/TERM/CANCEL/REV OF LP/LLP**

**CITRUS GROVE ESTATES, LTD.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$105.00

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Fax Audit Number: H060002134483

**CERTIFICATE OF DISSOLUTION  
FOR  
CITRUS GROVE ESTATES, LTD.  
(A97000002925)**

Pursuant to the provisions of Section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on December 30, 1997, hereby submits this Certificate of Dissolution.

**FIRST:** The Partnership was dissolved by unanimous written consent of its partners on June 30, 2006, and has distributed all of its assets and liabilities.

**SECOND:** This Certificate of Dissolution shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** The signature of the sole general partner is set forth below.

**CITRUS GROVE ESTATES, LTD.**

By: 

Park Crisp, President of Citrus Grove  
Management, Inc., its General Partner

SECRETARY OF  
TALLAHASSEE ALONG

06 SEP --6 AM 8:38

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Michael D. Horlick, P.A.  
1314 E. Venice Ave., Ste. D  
Venice, FL 34285  
(941) 484-5656  
FL Bar No.: 0292583

Fax Audit Number: H060002134483



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**NOTICE OF LIMITED PARTNERSHIP DISSOLUTION  
OF  
CITRUS GROVE ESTATES, LTD.**

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.

1. Name of Limited Partnership: **CITRUS GROVE ESTATES, LTD.**
2. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Incorporation.
3. Description of information that must be included in a claim:
  - Name of Claimant
  - Address of Claimant
  - Amount of Claim
  - Basis of Claim
4. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State):

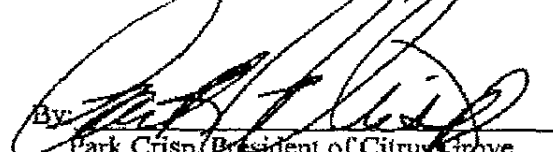
Citrus Grove Estates, Ltd.  
6513 14<sup>th</sup> Avenue West  
Bradenton, Florida 34209
5. A claim against the above-named limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CITRUS GROVE ESTATES, LTD.**

By:   
Park Crisp, President of Citrus Grove  
Management, Inc., its General Partner

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