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T.Hampton NFC 2 o 2007

COVER LETTER

Division of	Corporations		
SUBJECT: Kohl Family Associates, Ltd.			
		ip or Limited Liability Lin	nited Partnership)
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.			
Please return all cor	respondence concerni	ng this matter to:	
John R. Dun			
14- Dala - 0	(Contact Person)		
Lutz, Bobo 8	k Telfair, P.A.	,	
(Firm/Company)			
2 N. Tamiami Trail, Suite 500			
	(Address)		
Sarasota, FL 34236			
	(City, State and Zip Code)	 	
For further informat	ion concerning this m	atter, please call:	
Heather Tipp	ett	at (941) 95	51-1800 Daytime Telephone Number)
(Name of Cont	act Person)	(Area Code and I	Daytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:			
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle		Tallahassee	
Tallahassee, FL 323		i ananassee	, 1 D JAJ 17

CERTIFICATE OF DISSOLUTION FOR

Kohl Family Associate	s, Ltd			
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)			
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 17, 1998, hereby submits this Certificate of Dissolution.				
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)			
All of the partnership a	assets have been sold			
SECOND: A Notice of Dissol (Check box if attack)				
THIRD: Effective date, if other than the	date of filing: December 31, 2007			
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida			
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to			
Walter H. Kohl, Jr., Preside) ent			
OAK VIEW MOBILE HOME SALES,	INC.,			
General larener				
Filing Fee:	\$52.50			
Certified Copy (optional):	\$52.50			
Certificate of Status (optional):	\$8.75			