(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Document Number)						
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Special Instructions to Filing Officer:						
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## **COVER LETTER**

TO: Registratio Division of	n Section f Corporations							
	perman Family Lir of Florida Limited Partnersh						_	
The enclosed Cert	ificate of Dissolution an	d fee(	s) are subm	itted f	for filing.			
Please return all co	orrespondence concerni	ng this	s matter to:					
Barry Habern	nan							
	(Contact Person)			-		. <del>_</del> -1	_	
Law Offices of	of Barry Habermai	n				ŽŢŸ V	07 F	. Att
	(Firm/Company)			-		AA	90	
51 Monroe St	reet, Suite 1507					ASS ASS	AUG 29	57
	(Address)			•		m <sub>G</sub>	-	# }}
Rockville, Ma	ryland 20850					FLG FLG	TI:II W	E. E
.,	(City, State and Zip Code)			-		SE	F	•
						D."		
For further inform	ation concerning this ma	atter, j	please call:					
Barry Haberm	an	at (	3.01	, 34	0-1055			
(Name of Co	ntact Person)	ai (		and D	aytime Telephor	ne Numbe	r)	
Enclosed is a chec	k for the following amo	unt:						
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		105.00 Filing Certified Cop		\$113.75 Fi Certified Cop Certificate of	y, and		
STREET ADDRE	ESS:		MAIL	ING A	ADDRESS:			
Registration Section		Registration Section						
Division of Corpor	rations				Corporations			
Clifton Building			P. O. Box 6327					
2661 Executive Co			Tallaha	issee,	FL 32314			
Tallahassee, FL 3	2 <b>3</b> 01							

## CERTIFICATE OF DISSOLUTION FOR

Haberman Family Limited I	Partnership		
(Name of Florida Limited Par	tnership or Limited Liability Limited Partnership)		
partnership or limited liability limited	620.1203, Florida Statutes, this Florida limited d partnership, whose certificate was filed with the ember 17, 1998, hereby submits to	e his	
FIRST: Reason for dissolution: (St	ate why partnership is submitting dissolution)		
All assets of the Partnership	have been distributed and the Gene	ral Pa	rtner
has elected to dissolve the	Partnership.		
	Ş	TAE S	27
SECOND: A Notice of Dissolu (Check box if attach		λ	Į.
THIRD: Effective date, if other than the da	ate of filing:	AIT II: L	
(Effective date cannot be prior to nor more a Department of State.)	than 90 days after the date this document is filed by the $F$	All E	-
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:  LAWRENCE T Havenwy C			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	<del></del>	