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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 : (850)521-1000 Phone Fax Number

: (850)558-1575

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

TRIVEST-DEI CO-INVESTMENT FUND, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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**EXAMINER** 

AGG-JOHL

## CERTIFICATE OF DISSOLUTION FOR

TRIVEST-DEI CO-INVESTI			•
(Name of Florida Limited P	armership or Limited Liability Limited	Partnership)	
Pursuant to the provisions of section 620.1203, Florida Stantes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on DECEMBER 8, 1999, hereby submits this Certificate of Dissolution.			
FIRST: Reason for dissolution: (	State why partnership is submitti	ng dissolution)	
No longer conducting busines	SS		
			•
			•
			•
			•
SECOND: A Notice of Dissoi (Check box if attack			
THIRD: Effective date, if other than the	date of filing:	,	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this docum	nent is filed by the Florida	
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person appointed pursuant	SECR FALLA	200 MAR
Trivest II Inc. By: The Line H- W	nus	HE AR	S T
Phyllis G. Dennis, Assist	tent Secty	SEE SY (	<b>(*</b> 5)
	<del> </del>	FS	100
		<u> </u>	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	المسال (۱۹۷۰)	12
Certificate of Status (optional):	\$8.75		