

A99000002096

July 30, 2007

**DEBIT MEMO ANNUAL REPORT
DISSOLUTION NOTICE**

900106925409

**ANNUAL REPORT: SOBELMAN FAMILY
LTD.**

DEBIT MEMO: 75439-H

CHECK# 2304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

SOBELMAN FAMILY LTD.
P.O. BOX 15910
PLANTATION, FL 33318

SUBJECT: SOBELMAN FAMILY LTD.

DOCUMENT NUMBER: A99000002096

Enclosed is a Certificate of Revocation revoking the authority of SOBELMAN FAMILY LTD., to transact business in Florida. This revocation is in accordance with Chapter 620, Florida Statutes.

If you have any questions concerning the enclosed information or regarding the reinstatement, please contact the Partnership Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (850) 245-6051.

State of Florida



Department of State

I certify that the Department of State issued statutory notice of the intent to revoke SOBELMAN FAMILY LTD., pursuant to section 620.178, Florida Statutes.

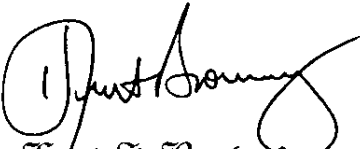
I further certify that the Authority to Transact Business of said Limited Partnership was revoked as of July 31, 2007, in compliance with section 620.178(1)(a), Florida Statutes.

The document number of this Limited Partnership is A99000002096.



CR2EO22 (01-07)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Thirty-first day of July, 2007


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2007

SOBELMAN FAMILY LTD.
P.O. BOX 15910
PLANTATION, FL 33318

SUBJECT: SOBELMAN FAMILY LTD.
Ref. Number: A99000002096

Debit Memo #: 75439-H

This is to inform you that your check #2304 in the amount of \$500.00 and submitted for the annual report of SOBELMAN FAMILY LTD. has been returned to us by your bank because of PAYMENT STOPPED.

We request that you remit a cashier's check or money order in amount of \$525.00 made payable to the Department of State. This amount will cover the unpaid fees and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please refer to the debit memo number listed above and state that it is a replacement for the returned check mentioned above.

Section 620.178, Florida Statutes, requires us to give at least 60 days notice of our intent to revoke the certificate of authority of a limited partnership for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$525.00 is not received within 60 days, your limited partnership's certificate of authority will be revoked and a reinstatement fee of an additional \$500 a year or part of a year will be imposed.

Send the replacement check to:

Division of Corporations
Attn: Patricia Bailey
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning this matter, please call (850) 245-6057.

Sincerely,
Patricia Bailey
Accountant II
Division of Corporations

Letter number: 307A00030635