A99000002193

October 5, 2006

DEBIT MEMO ANNUAL REPORT DISSOLUTION NOTICE

800080502728

ANNUAL REPORT: CASSEL FAMILY INVESTMENTS, LTD.

DEBIT MEMO: 66009-Y

CHECK# 1335



October 9, 2006

CASSEL FAMILY INVESTMENTS, LTD. 595 SW 97TH ST MIAMI, FL 33156

SUBJECT: CASSEL FAMILY INVESTMENTS, LTD.

DOCUMENT NUMBER: A99000002193

Enclosed is a Certificate of Revocation revoking the authority of CASSEL FAMILY INVESTMENTS, 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.



Bepartment of State

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

I further certify that the Authority to Tranact Business of said Limited Partnership was revoked as of October 9, 2006, in compliance with section 620.178(1)(a), Florida Statutes.

The document number of this Limited Partnership is A99000002193.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of October, 2006



CR2EO22 (01-06)

Sue M. Cobb Sue M. Cobb Secretary of State



July 10, 2006

CASSEL FAMILY INVESTMENTS, LTD. 595 SW 97TH STREET MIAMI, FL 33156

SUBJECT: CASSEL FAMILY INVESTMENTS, LTD.

Ref. Number: A99000002193

Debit Memo #: 66009-Y

This is to inform you that your check #1335 dated July 10, 2006 in the amount of \$500.00 and submitted for CASSEL FAMILY INVESTMENTS, LTD. has been returned to us by your bank because of ACCOUNT CLOSED.

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 check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

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

If you have any questions concerning the returned check, please call (850) 245-6057.

Sincerely, Patricia Bailey Accountant II Division of Corporations

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Letter number: 306A00044287