L02000034431

,	
(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7

Office Use Only



100017859881

05/06/03--01084--019 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS



ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Capital Management Fund II	<u>.</u>
2. The effective date of the limited liability compa	pany's dissolution is 3/31/03	
3. A description of the occurrence that resulted is 0section 608.441, Florida Statutes, (copy of 60		irsuant to
No Activity		
 4. CHECK ONE: All debts, obligations and liabilities of the lime OR- Adequate provision has been made for the debts. 5. All remaining property and assets have been derespective rights and interests. 6. CHECK ONE: There are no suits pending against the compartor-OR- Adequate provision has been made for the satisfied entered against it in any pending suit. 	bts, obligations and liabilities pursuant to s. 608 distributed among its members in accordance we may in any court. tisfaction of any judgment, order or decree, which	VICTOR OF STATE WAY THE CORPORATIONS
Signatures of the members having the same percedissolution: Signature	Typed or Printed name Charles W. Braihland	prove the

Filing Fee: \$25.00