

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002584763)))



HD60002584763ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

```
Division of Corporations
Fax Number : ($50)205-0380
```

From:

Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP. Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122

RECEIVED	Contronation 00	CLUB PEMBROKE ISLES, INC.		06 TALL
	LO NOIS	tificate of Status tified Copy e Count mated Charge	0 0 01 \$35.00	FILED OCT 25 AN 9: 40 ORETARY OF STATE AHASSEE FLORIDA
	Electronic Filing Menu	Corporate Filing Menu	••• //	Help
httj	ps://efile.sunbiz.org/scripts/e	filcovr.exe		10/23/2006 57

H06000258476 3

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Plorida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Club Pembroke Isles, Inc.

SECOND: The document number of the corporation (if known): P94000040141

THIRD: The date dissolution was authorized: October 17 2006

Effective dats of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)	TAL
Signature: (By a firector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a reserver, trustee, or other court appolated fiduciary, by that fiduciary)	FILED 6 OCT 263 AN ECRETARY OF S LAHASSEE FL
(Typed or printed atms of person signing)	D # 9:40 STATE LORIDA
Vice President	
Filing Fee: \$35	

H06000258476 3