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COVER LETTER

Division of Corporations	
SUBJECT: Woods MGP Corp. Dissolution	
DOCUMENT NUMBER: P9500001766	5
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Norman G. Orodenker, Esq.	Down
(Name of Contact Person)	
Tillinghast Licht LLP (Firm/Company)	
10 Weybosset Street, 10th Floor	
(Address)	
Providence, RI 02903	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Norman G. Orodenker, Esq. at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Addi	75 Filing Fee & \$\Bigsquare\ \\$52.50 Filing Fee, \\ fied Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FILED



Pursuant to section 607.1403, Florida Statutes, this Florida profit corpolation by the following articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Woods MGP Corp. The document number of the corporation (if known): P95000017665 SECOND: The date dissolution was authorized: 7/1/07 THIRD: Effective date of dissolution <u>if applicable:</u> Upon Filing

(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) Signature: (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Norman G. Orodenker, Esq. (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

Secretary