

A01000001388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

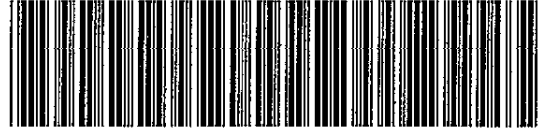
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03 MAY -2 AM 11:29
TALLAHASSEE, FLORIDA



**NATIONAL DEVELOPER
OF THE YEAR**



300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9399 Fax
stiles.com
stiles@stiles.com

April 28, 2003

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Florida Dept. of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 MAY -2 AM 11:29
TALLAHASSEE, FLORIDA

Dear Sir/Madame:

Enclosed herewith is the Certificate of Cancellation for Stiles Holding and Investment Partnership II, Ltd. together with a check in the amount of \$52.50 to cover the cancellation fee.

If you have any questions please feel free to contact me at (954) 627-9156.

Sincerely yours,

STILES CORPORATION

Judy Sherman
Closing Coordinator

js

Enclosures

**CERTIFICATE OF CANCELLATION
FOR**

STILES HOLDING AND INVESTMENT PARTNERSHIP II, LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 10/15/2001, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

All assets sold and proceeds distributed.

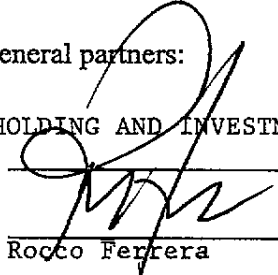
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SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

STILES HOLDING AND INVESTMENT PARTNERSHIP II, INC.

BY:



Rocco Ferrera

Vice President