

A27259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

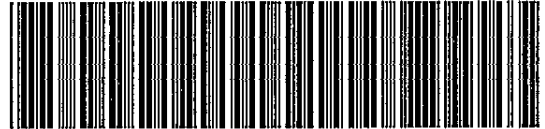
Special Instructions to Filing Officer:

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cancel

A27259

Office Use Only



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FILED
04 JAN -5 PM 4:03
TALLAHASSEE FLORIDA



JMB REALTY CORPORATION

900 North Michigan Avenue
Chicago, Illinois 60611-1575
312-440-4800

December 24, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Certificates of Cancellation

Dear Sir/Madame:

Enclosed please find Certificates of Cancellation for the following limited partnerships:

Arvida Grand Bay Limited Partnership – I
Arvida Grand Bay Limited Partnership – IV
Arvida Grand Bay Limited Partnership – VI
Arvida Realty Sales, Ltd.
EC Partners, L.P.
Gulf and Pacific Communications Limited Partnership
Hometown Financial Partners, Ltd.
Weston Realty Sales Limited Partnership

Please have these Certificates placed on file with your office. The evidence of filing should be returned back to my attention at JMB Realty Corporation 900 N. Michigan Avenue, Chicago, Illinois 60611. Should you have any questions regarding these filings, please contact me at (312) 915-1969.

Thank you for your assistance.

Sincerely,

Karen M. Ewing

**CERTIFICATE OF CANCELLATION
FOR**

Weston Realty Sales Limited Partnership

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

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

By: Weston Realty Sales, Inc.

Paul C. Nielsen

(Signature of a General Partner)

Paul C. Nielsen, Secretary

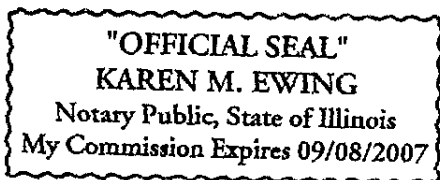
(Typed or Printed name of General Partner Signing Above)

STATE OF Illinois

COUNTY OF Cook

On this 23rd day of December, 2003, Paul C. Nielsen
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Karen M. Ewing

Notary Public Signature

Karen M. Ewing

Notary's Printed Name

Seal

My Commission Expires: 09/08/2007

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04 JAN -5 PM 4:03
STATE OF ILLINOIS
JAN 5 2004
ALLAHABAD, FLORIDA