

**A94000000534**

Requestor's Name

100 Lakeshore Drive, Suite 1152

Address

North Palm Beach, Fl. 33408

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Price Family Limited Partnership # 20  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
CORPORATION DIVISION  
JAN 21 2000  
TALLAHASSEE, FLORIDA

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**A94-534**

Name Availability	<u>CR 4-2</u>
Document Examiner	<u>R</u>
Updater	<u>CR</u>
Updater Verifier	<u>CR</u>
Acknowledgement	<u>CR</u>
W. P. Verifier	<u>CR</u>

FC \$52.50  
600002131936--7  
-04/02/97--01123--001  
\*\*\*\*252.50 \*\*\*\*52.50

Examiner's Initials

**CERTIFICATE OF CANCELLATION  
FOR**

Price Family Ltd Partnership #20

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

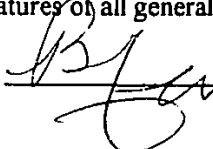
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 4/11/94, hereby submits this certificate of cancellation.

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

*Business Operations Discontinued on or before 8/31/92*

**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:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
APR 21 1994  
CORPORATE SERVICES DIVISION  
TALLAHASSEE, FLORIDA