

A 94 000000 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

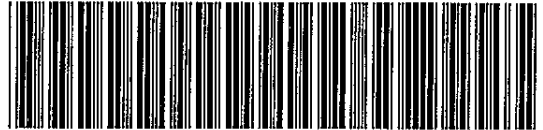
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/31
Cust

Office Use Only



700024086837

10/28/03--01081--001 **52.50

FILED
03 OCT 28 AM 10:41
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

October 24, 2003

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

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

FILED
03 OCT 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madame:

We are enclosing herewith a Certificate of Cancellation for D.T.T.W., Ltd. along 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

Enclosure

**CERTIFICATE OF CANCELLATION
FOR**

D.T.T.W., 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 5/27/1994, hereby submits this certificate of cancellation.

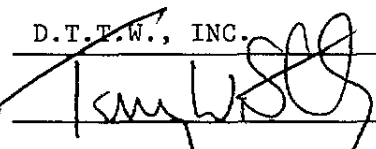
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

All assets sold and proceeds distributed.

FILED
03 OCT 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

D.T.T.W., INC.
By 
Terry W. Stiles, Vice President