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COVER LETTER

*	COVE	K EBII EK	
TO: Registration S Division of C			
SUBJECT:Th	e Moritz Family Limit (Name of Li	ted Partnership imited Partnership)	
DOCUMENT NUMI	BER: <u>A0100000818</u>		
The enclosed Certifica	te of Cancellation and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter to	the following:	
	Robin A. Lloyd (Nan	, Sr.	
	Robin A. Lloyd	ne of Person) Sr. & Associates, m/Company)	P.A.
-	3545 Ocean Driv	ve, Suite 201 (Address)	
	Vero Beach, FL		
For further informatio	n concerning this matter, please call:	ate and Zip Code)	
Robi	n A. Lloyd, Sr. (Name of Person)	at (772) 234- (Area Code & Daytime	
Enclosed is a check fo	r the following amount:		
\$52.50 Filing Fee	\$61.25 Filing Fee & Certificate of Status	\$105.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET/CO Registration Division of O		MAILING ADDRESS: Registration Section Division of Corporations	

Clifton Building
2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

The Moritz Family Limited Partnership
(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 June 20, 2001, hereby submits this
Certificate of Cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation) All of the assets of The Moritz Family Limited Partnership have been transferred to a successor partnership in Colorado.

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:

Charles W. Moritz Susan T. Moritz		SEUNC FOR CONSINER	050EC-3 34 4:17	
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