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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CITLO III LIMITED PARTNERSHIP					
(Name of Limited Partnership)					
DOCUMENT NUMBER: A02000000245					
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CHARLES B. STUZIN, PRESIDENT OF (Name of Person)					
STUZIN ENTERPRISES, INC. GENERAL PARTNER					
OF CITLO III, LP (Firm/Company)					
220 ALHAMBRA CIRCLE-STE 700					
(Address)					
CORAL GABLES, FL. 33134 (City/State and Zip Code) For further information concerning this matter, please call:					
For further information concerning this matter, please call: CARY BLANCO at (305) 774-0454					
CARY BLANCO at (305) 774-0454 7					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee \$\ \times \text{\$\frac{1}{2}\$} \\$61.25 Filing Fee & \$\ \text{\$\cong Status}\$\$					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

CERTIFICATE OF CANCELLATION FOR

CITLO II	${ t I.} { t LIMITED}$	PARTNERSHIP
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(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 <u>February 25</u>, hereby submits this Certificate of Cancellation.

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

DISOLVING PARTNERSHIP

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the F Department of State.

THIRD: Signatures of all general partners:

CHARLES B. STUZIN, PRESIDENT OF STUZIN ENTERPRISES, INC. GENERAL PARTNER OF CITLO III, LP.