

A02000001124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

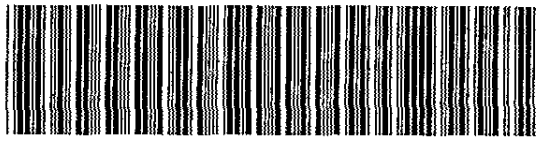
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/04

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -1, PM 12:07



**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

January 30, 2004

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Florida Dept. of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Dear Sir/Madame:

We are enclosing herewith the Certificate of Cancellation for Stiles Blue Lake, Ltd., together 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

Enclosures

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -4 PM 12: 07

**CERTIFICATE OF CANCELLATION
FOR**

STILES BLUE LAKE, 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 August 16, 2002, hereby submits this certificate of cancellation.

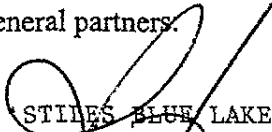
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Business never commenced.

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DIVISION OF CORPORATIONS
04 FEB - 4 PM 12:06

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.


STILES BLUE LAKE, INC.

By:

Rocco Ferrera, Vice President