

A02000001124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

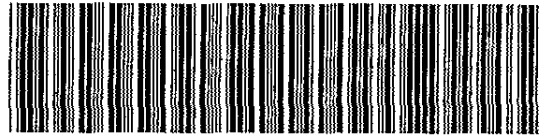
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/16/04

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB -14 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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CLERK 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)

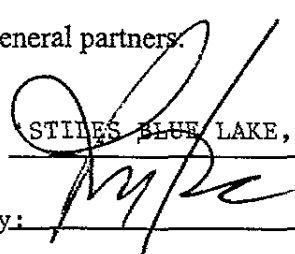
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 16, 2002, hereby submits this certificate of cancellation.

**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