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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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GRUPASSEE, FLORIDA

MURAI WALD BIONDO & MORENO PROFESSIONAL ASSOCIATION

BUCK KODE

ATTORNEYS

900 Ingraham Building 25 Southeast 2nd Avenue Miami, Florida 33131

TO:

TEL: (305) 358-5900 FAX: (305) 358-9490 EMAIL IGROBELNY@MWBM.com

FAX NUMBER:	850.410.1015
FROM:	Jennifer Grobelny
DATE:	2.19.04
FILE NUMBER:	our file: 1700:010
	with this transmittal, please call as soon as possible. will not _ be sent via the mail
MESSAGE:	
Buck:	
Des ous	conversation, I am fexing to you a
copy of t	he Concellation of Postnership Statement
and our cha	ax in the amount of \$77.50. Please
	w as soon as possible what you
	telephone # 10 305.358.5900 x 304.
Thanks	on all your help.
	Varry Grobely

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. postal service.

CANCELLATION OF PARTNERSHIP STATEMENT

Pursuant to se partnership st	ection 620.8105(7), Floridatement:	la Statutes, this partne	ership submits the follow	ving to cancel a	
(Note: A car unless the pa	cellation of a partnershi Inership statement being	p statement cannot b canceled was previo	c filed with the Florida usly filed and is of recor	Department of S d with this office.	raie)
FIRST: The	name of the partnership	s: Grandeville on Sax	on, Ltd, LLLP		
	The partnership was regisand assigned registration			June 30, 2003	
	his cancellation cancels which was filed on June		nt bearing document nur	mber_A03-943	
	Statement of Partner Statement of Dissolu Statement of Denial Statement of Dissoci Statement of Merger Statement of Limited deferred effective dat	tion ation Liability Partnership		04 FEB 20 AN 9: 4 SECRETARY STATE TALLAHASSEE, FLORD	FILED
	Text/Substance of Cancel timited liability qualification		nip.	7 E G G G G G G G G G G G G G G G G G G	
Signed this _ Signatures of Typed or prin	GV on TWO Partners: By med names of partners sign Grosch, Lyice Pres Enderther on Saxon.	Saxon, Ltd. Saxon, Ltd. GV on Saxon, By: Frank Grosc ning above: ident of GV on S esident of Grand Filing Fee:	Frandeville on Saxon, Inc. \$25.00	le on Saxon ip andeville en Mike E. Spi e general pa	Capital Limit Saxon, Inc. ker rtner of
		Certified copy: Certificate of Status;	\$52.50 (optional) \$ 8.75 (optional)		