

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**VOLUNTARY CANCELLATION OF LP**  
**SWIRE CARBONELL LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF CANCELLATION OF  
SWIRE CARBONELL LIMITED PARTNERSHIP**

Pursuant to the provisions of Section 620.113 of the Florida Revised Uniform Limited Partnership Act, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 5, 2003, hereby submits this Certificate of Cancellation.

1. Reason for Cancellation: Pursuant to Section 620.157(3) of the Florida Revised Uniform Limited Partnership Act, all partners of the Partnership have executed a written consent to dissolve the Company.

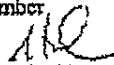
2. Effective Date: The effective date of the Partnership's dissolution is the date and time of filing this Certificate of Cancellation with the Division of Corporations of the Florida Department of State.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Cancellation this 15<sup>th</sup> day of December, 2005.

CARBONELL GP, LLC, a Florida limited liability company,  
its general partner

By: CARBONELL LLC, a Delaware limited liability  
company, its sole member

By: SWIRE CARBONELL INC, a Florida corporation,  
its sole member

  
\_\_\_\_\_  
Stephen L. Owens, President

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