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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: LEWIS CRANE OF FLORIDA, LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joann N. Wilki	ins		
	(Contact Person)	· • • • • • • • • • • • • • • • • • • •	
Burford & Ryb	ourn, L.L.P.		₹
	(Firm/Company)		SEC SEC
3100 Lincoln F	Plaza		RETAL AHAS
(Address)			(2)
Dallas, Texas	75201		S STATE S FLORIDA
	(City, State and Zip Code)		<u> </u>
For further informa	tion concerning this m	atter, please call:	
Joann N. Wilkins		at (214) 74	0-3120
(Name of Contact Person)		(Area Code and Daytime Telephone Number)	
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Evecutive Center Circle		Tallahassee FL 32314	

STATEMENT OF TERMINATION FOR

LEWIS CRANE OF FLORIDA, LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on June 15, 2004, hereby submits this Statement of Termination.

The limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to § 620.1803(3) or (4), F.S.:

LWL MANAGEMENT, INC., General Partner

By: K. Kyle Lewis, President