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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

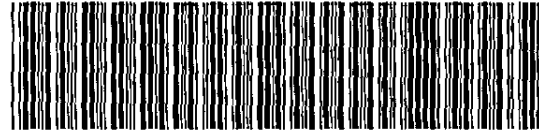
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 8, 2005

KINKISHARYO USA INC
45 SHAWMUT RD.
CANTON, MA 02021

SUBJECT: CGPH REALTY LIMITED PARTNERSHIP
Ref. Number: A04000001222

We have received your document for CGPH REALTY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 505A00024120

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STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CG PH REALTY LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: REF A04000001222

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB CAWLEY
(Name of Person)

KINKISHARYO (USA) INC.
(Firm/Company)

45 SHAWMUT ROAD
(Address)

CANTON, MA 02021
(City/State and Zip Code)

For further information concerning this matter, please call:

BOB CAWLEY at (617) 949-2434
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee & Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**CERTIFICATE OF CANCELLATION
FOR**

CG PH REALTY LIMITED PARTNERSHIP

(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 JULY 27, 2004, hereby submits this Certificate of Cancellation.

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

BUSINESS PURPOSE OF THE PARTNERSHIP
DID NOT MATERIALIZE.

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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:

David J. Schmible

DAVID J. SCHMIBLE, ^{MANAGING} MEMBER, CG PH LLC
GENERAL PARTNER