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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

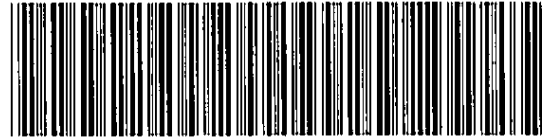
(Business Entity Name)

(Document Number)

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C. MUMFORD

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REGISTRATION SECTION

TO: Registration Section
Division of Corporations

SUBJECT: Sevilla Building Ltd.
(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:

Kolleen Cobb
(Contact Person)

Florida East Coast Industries, LLC
(Firm/Company)

700 NW 1st Avenue, Suite 1620
(Address)

Miami, Florida 33136
(City, State and Zip Code)

For further information concerning this matter, please call:

Brianna Hernandez at (305) 520-2300
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

STATEMENT OF TERMINATION
FOR

Sevilla Building, Ltd.

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

RECEIVED
JUL - 1 PM 14:25
STATE DEPARTMENT OF REVENUE

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 11, 2005, hereby submits this Statement of Termination.

The limited partnership or limited liability 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 s. 620.1803(3) or (4), F.S.:

Sevilla Building, Ltd.
[Signature] _____
Kathleen O.P. Cobb _____
Authorized Agent _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75