A15954

(Requestor's Name)				
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
2/1 Cancel				
A15954				

Office Use Only



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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: _ Fleet Realty LTD.				
(Name of Limited Partnership)				
FLORIDA REGISTRATION NUMBER: A15954				
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Stacy A. Segars				
(Name of Person)				
Merrimac Capital Corp.				
(Firm/Company)				
One Independent Drive, Suite 3130				
(Address)				
Jacksonville, FL 32202				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Stacy A. Segars at (904) 359-0006				
(Name of Person) (Arrea Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
Standard Status Status				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
409 E. Gaines Street P.O. Box 6327				
Tallahassee, Florida 32399 Tallahassee, Florida 32314				

CERTIFICATE OF CANCELLATION FOR

Fleet Re	ealty LTD		
	(insert name currently c	on file with Florida Dept. of State)	
		Florida Statutes, this foreign limite to cancel its registration with the F	lorida Department of
		(Typed or Printed name of General Partner	Signing Above)
STATE OF			
COUNTY OF			05 F
On this 31st day	of January		<u>, 2005</u> ,
personally appeared before			
	is personally known to		P 2
☐ whos	e identity I proved on t	he basis of	
		Stary Public S	ignature of
	_ s ₁	tacy Alane Segars Notary's Printed Name	My Commission DD147925 Expires September 06, 200
Seal		My Commission Expires:	