

A 17 346

(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:

Office Use Only



800040629418

09/08/04--01020--001 **\$2.50

W/09/19
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP - 8 PM 1:14

yp

**LANDMAN
& BEATTY**

LAWYERS, LLP

JAMES W. BEATTY
VIRGINIA DILL McCARTY
J. F. BEATTY
STEPHEN M. TERRELL
NANCY G. ENDSLEY
J. CHRIS REININGA
CYNTHIA L. BALL

BERNARD LANDMAN, JR.
(1928-1991)

1150 MARKET SQUARE CENTER
151 NORTH DELAWARE STREET
INDIANAPOLIS, IN 46204-2518

MAILING ADDRESS: P.O. BOX 44953
INDIANAPOLIS, IN 46244-0953

September 2, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Cambridge Square of Hialeah Associates, a limited partnership

Dear Sir/Madam:

Enclosed please find the following for filing with your office:

1. Transmittal Letter
2. Certificate of Cancellation for Cambridge Square of Hialeah Associates, a limited partnership.

Also enclosed is our firm's check in the amount of \$52.50.

Please return confirmation of the cancellation at your earliest convenience.

Very truly yours,

James W. Beatty

JWB:bjd
Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -8 PM 1:14

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE SQUARE OF HIALEAH ASSOCIATES, A LIMITED PARTNERSHIP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A17346 FEI NUMBER: 351622996

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

Please return all correspondence concerning this matter to the following:

JAMES W. BEATTY

(Name of Person)

LANDMAN & BEATTY

(Firm/Company)

P O BOX 44953

(Address)

INDIANAPOLIS, IN 46244-0953

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES W. BEATTY

(Name of Person)

at (317)

236-1040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

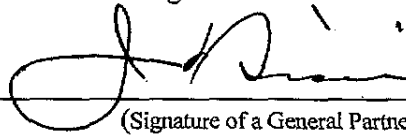
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP - 8 PM 1:14

**CERTIFICATE OF CANCELLATION
FOR**

CAMBRIDGE SQUARE OF HIALEAH ASSOCIATES, A LIMITED PARTNERSHIP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

JAMES T. BISESI

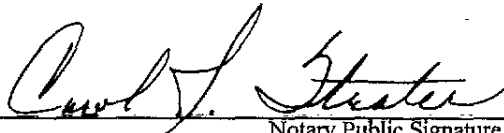
(Typed or Printed name of General Partner Signing Above)

STATE OF INDIANA

COUNTY OF MARION

On this 12th day of AUGUST, 2004,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Notary Public Signature

CAROL J. STRATER

Notary's Printed Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -08 PM 1:14

Seal

My Commission Expires: 4/26/08

My County of Residence: HAMILTON