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(((H05000294673 3)))

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Account Name Account Number : FCA000000023

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## **VOLUNTARY CANCELLATION OF LP**

WEST GABLES REAL ESTATE ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	483013
Estimated Charge	\$52.50

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PAGE 001/001 Florida Dept of State



January 4, 2006

FLORIDA DEPARTMENT OF STATE

WEST GABLES REAL ESTATE ASSOCIATES, LTD. 1200 CORPORATE DRIVE, STE. 340 BIRMINGHAM, AL 35242

SUBJECT: WEST GABLES REAL ESTATE ASSOCIATES, LTD.

REF: A21499

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The "Certificate of Cancellation" you submitted is for a foreign limited partnership, but this entity is a Florida limited partnership.

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) 245-6958.

Lee Rivers Document Specialist

FAX Aud. #: H05000294673 Letter Number: 206A00000196

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## CERTIFICATE OF CANCELLATION FOR

	(Insert name currently on file with Floride Dept. of Sma	r)
Pursuant to the provis	ons of section 620.113, Florida Statutes, this Flo	orida limited partnership, whose
ertificate was filed w	th the Florida Department of State on 12/16/	/1985 hereby submits this
Certificate of Cancella		
FIRST: Reason for c	ancellation: (State why partnership is submitting	g cancellation)
The par doing b	nership has no assets or liabilities siness.	s, and is no longer
SECOND: This Cert Department of State.	ificate of Cancellation shall be effective at the ti	ime of its filing with the Florida
	of all general partners:	05 T
	Continental Medical Systems of Florida, the	30 = 1
•	By John E. Lae, III, its Executive Vice President	_ Day of
	(Typed or Printed name of General Partner Signing Above)	発音 5