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(Requestor's Name)	
(Address)	
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(153,555)	
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(City/State/Zip/Phone #)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Parks, A California Limited Partnership (Name of Foreign Limited Partnership) or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Judy Naugle
(Contact Person)
CG Real Estate Investment
(Firm/Company)
PO Box 359
(Address)
Stuart, Florida 34995
(City, State and Zip Code)
For further information concerning this matter, please call:
Judy Naugle at (772) 287-1844
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee \$\Bigcup \\$61.25 Filing Fee and Certificate of Status \$1105.00 Filing Fee \$\Bigcup \\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

American Parks	s, A California Limited Partnership
	tnership or limited liability limited partnership)
-	California
(Jurisdiction of formation)
	12/17/1986
. (Date autho	orized to transact business in Florida)
	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida De rights of action arising out of the tr	epartment of State as its agent for service of process for ransaction of business in this state.
Effective date, if other than the dat (Effective date cannot be prior to nor mor Department of State.)	te of filing: re than 90 days after the date this document is filed by the Florida
Signature of a general partner:	
Typed or printed name:	
Stanley R. Garris	<u></u>
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75