Requester's Name

City/State/Zip

Office Use Only

REFUND.

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	`1			5000043767354
•	1.	(Corporation Name)	(Document #)	98/96/91 - 0 1013 015 *****18.75 *****18.75
	2	(Corporation Name)	(Document #)	5000043767354 -06/07/0101135008 *****61.25 *****61.25
	3	(Corporation Name)	(Document #)	
	4. Walk in Mail out	(Corporation Name) Pick up time Will wait	(Document #) Photocopy	Certified Copy And Copy Copy And Copy Copy Copy Copy Copy Copy Copy Copy
ame vailabilit y	NEW FILING Profit Not for P Limited I Domestic Other	rofit .iability	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withdom	
ocument xaminer pdater	OTHER FIL DCC Annual R Fictitious	eport	REGISTRATION/QU Foreign Limited Partnership	
odaler era kar	buc		Reinstatement Trademark Other	A TAX
c'no ledgement DCC				
/. P. Verif@22E031(7/9DICC				Examiner's Initials
				KALDRUE DUE

H 3103914



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 15, 2001

CJF GROUP 6915 RED ROAD, STE 211 CORAL GABLES, FL 33143

SUBJECT: C.J.F. PARK, LTD.

Ref. Number: A26224

We have received your document for C.J.F. PARK, LTD. and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. The form you used is for a general partnership filing not a limited partnership filing. Please complete the attached form. Please note the filing fees are different.

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) 487-6051.

Diane Cushing Corporate Specialist

Letter Number: 801A00036727

CERTIFICATE OF CANCELLATION FOR

C.J.F PARK, LTD.

Pursuant to the provision of section 620.113, Florida Status, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 4-4-85, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

 All general partners agreed and authorized cancellation of limited partnership.

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners

SECRETARY OF STATE VLLAHASSEE, FLORID