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To:

MAY. 8. 2009

Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

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HCP ESTATES FLORIDA, LTD.

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STATEMENT OF TERMINATION FOR

HCP Estates Florida, Ltd. (Name of Florida Limited Partnership or Limited Liability Limit	ted Partnership)
Pursuant to the provisions of section 620.1203, Florida Statutes, t partnership or limited liability limited partnership, whose certificated and Department of State on December 12, 1989 Statement of Termination.	his Florida limited ate was filed with the, hereby submits this
The limited partnership or limited liability limited partnership has its affairs and wishes to file a statement of termination.	completed winding up
Signatures of each general partner or the person appointed pursua s. 620.1803(3) or (4), F.S.: By: Edward J. Henning, EVP, on behalf of SDK of Naples, Inc. its general partner	2009 MAY -8 PM 1: 34 SECRETARY OF STATE TALLAHASSEE.FLORID
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	HDA SE