

A32239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

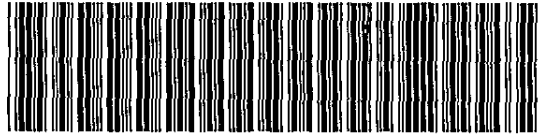
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12/08/04--01002--008 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
STATE
REGISTRARS
DIVISION

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/7/04

REF. #: 0672.32531

CORP. NAME: THE EAGLES GOLF CLUB, LLLP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 510561 FOR \$ 52.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF CANCELLATION OF CERTIFICATE
OF LIMITED PARTNERSHIP OF
THE EAGLES GOLF CLUB, LLLP**

FILED
04 DEC -7 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby executes and swears to this Certificate of Cancellation of Certificate of Limited Partnership for the purpose of canceling the Certificate of Limited Partnership of Eagles Golf Club, LLLP, a Florida limited partnership (the "Partnership").

1. **NAME OF PARTNERSHIP.** The name of the Partnership is The Eagles Golf Club, LLLP (Florida Document #A32239).

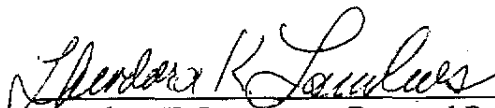
2. **DATE OF FILING OF CERTIFICATE OF LIMITED PARTNERSHIP.** The Certificate of Limited Partnership of the Partnership was filed with the Florida Secretary of State on November 19, 1991, as amended by Amendment to The Certificate of Limited Partnership filed with the Florida Secretary of State on May 13, 2003.

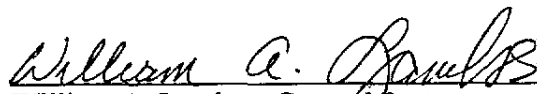
3. **REASON FOR FILING CERTIFICATE OF CANCELLATION.** This Certificate of Cancellation is being filed due to the dissolution and completion of winding up of the Partnership.

4. **EFFECTIVE DATE OF CANCELLATION.** The effective date of cancellation of the Certificate of Limited Partnership shall be the date of filing of this Certificate of Cancellation with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned, constituting the General Partners of the Partnership, hereby execute this Certificate of Cancellation this 6th day of December, 2004.

GENERAL PARTNERS:


Theodora K. Lambos, as Personal Representative
Of the Estate of Constantine P. Lambos,
General Partner


William A. Lambos, General Partner