

A 33 541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

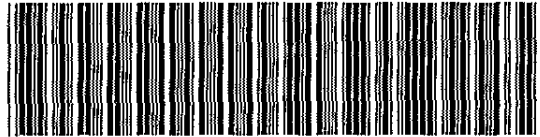
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100065697671

02/13/06--01068--012 \*\*52.50

SECRET  
FALLMONT, FLORIDA  
STATE

06 FEB 13 AM 10:42

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stanford Station Partners, L.P. (Limited Partnership)  
(Name of Limited Partnership)

**FLORIDA REGISTRATION NUMBER:** A33541

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori M. Lynch  
(Name of Person)

McGuireWoods, LLP  
(Firm/Company)

1170 Peachtree Street, N.E., Suite 2100  
(Address)

Atlanta, Georgia 30309  
(City/State and Zip Code)

FILED  
06 FEB 13 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lori M. Lynch at ( 404 ) 443-5736  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION  
FOR**

Stanford Station Partners, L.P. (Limited Partnership)

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.

\_\_\_\_\_  
(Signature of a General Partner)

See Attached Signature Page

\_\_\_\_\_  
(Typed or Printed name of General Partner Signing Above)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
personally appeared before me,

- ☐ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary's Printed Name

Seal

My Commission Expires: \_\_\_\_\_

FILED  
06 FEB 13 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WITNESS, the Certificate of Cancellation for Stanford Station Partners, L.P. (Limited Partnership), effective as of the 1<sup>st</sup> day of February, 2005

STANFORD STATION PARTNERS, L.P.,  
a Georgia limited partnership

By: RJ EQUITIES, INC., a Florida  
corporation, its general partner

By: [Signature]  
Name: J. Davenport Mosby III  
Title: President

STATE OF Florida  
COUNTY OF Pinellas

On this 1<sup>st</sup> day of February 2005, personally appeared before me, who is  
personally known to me/whose identity I proved on the basis of

[Signature]  
Notary Public Signature

Kathleen M. Steele  
Notary's Printed Name

My Commission Expires: KATHLEEN M. STEELE  
Seal: Notary Public, State of Florida  
My comm. exp. May 2, 2008  
Comm. No. DD 308303

[SIGNATURES CONTINUE ON NEXT PAGE]

Morris M. Ewing

Morris M. Ewing, General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 26<sup>th</sup> day of August, 2005, personally appeared before me, who is  
personally known to me/whose identity I proved on the basis of

Margaret McCann  
Notary Public Signature

MARGARET McCANN  
Notary's Printed Name

My Commission Expires:  
Seal:



Thomas H. McAuley  
Thomas H. McAuley, General Partner

FILED  
06 FEB 13 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF Georgia

COUNTY OF Fulton

On this 26<sup>th</sup> day of August, 2005, personally appeared before me, who is  
personally known to me/whose identity I proved on the basis of

Margaret McCann  
Notary Public Signature

MARGARET McCANN  
Notary's Printed Name

My Commission Expires:  
Seal:

