

A 94000001838

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AW OFFICES OF
SCHNEIDER, SMELTZ, RANNEY & LAFOND P.L.L.

ESTABLISHED IN 1990

EATON CENTER BUILDING
1111 SUPERIOR AVENUE, SUITE 1000
CLEVELAND, OHIO 44114-2568

216/696-4200
FAX 216/696-7303

HUBERT H. SCHNEIDER
1902-1994

OF COUNSEL
KENNETH J. LAINO**
**ALSO ADMITTED IN
FLORIDA AND NEW YORK

March 15, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

200005114212--1
-03/18/02--01087--017
*****52.50 *****52.50

Re: *Maxine H. Forward Family Limited Partnership No. 3*

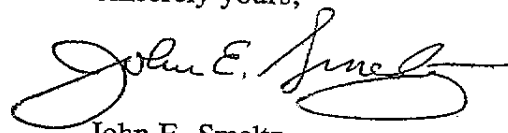
Dear Sir or Madam:

A94-1838

I enclose the Certificate of Cancellation for the Maxine H. Forward Family Limited Partnership No. 3, a foreign limited partnership formed in the State of Ohio. I also enclose a check payable to the Florida Department of State for \$52.50 covering the cancellation fee.

If anything more should be required, please contact the undersigned, John E. Smeltz. My telephone number is (216) 696-4200, and my address is Eaton Center Building, 1111 Superior Avenue, Suite 1000, Cleveland, Ohio 44114-2507. Please also send the acknowledgment to the undersigned at the same address. I enclose a self-addressed, stamped envelope for your convenience.

Sincerely yours,


John E. Smeltz

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 18 PM 3:21

JES:bhc
Enclosures

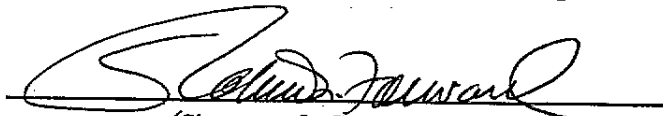
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**CERTIFICATE OF CANCELLATION
FOR**

Maxine H. Forward Family Limited Partnership No.3

(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)

Robert L. Forward

(Typed or Printed name of General Partner Signing Above)


STATE OF Ohio

COUNTY OF Cuyahoga

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 18 PM 3:21

On this 13th day of March, 19 2002 Robert L. Forward
personally appeared before me, **Error! Switch argument not specified.**

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


Notary Public Signature

THOMAS J. KRIEGLER
Notary's Printed Name
THOMAS J. KRIEGLER
Notary Public, State of Ohio, Cuy. Cty.
My Commission Expires 16-16-2004

Seal

My Commission Expires: _____