A-950000000736

Jan Bay V Eveloph Use (Reglestor's Name) P.O. Box 3516 (Address) Address) (Address)
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(Addréss) 7 33775
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95 MAR 23 PM 12: 22 SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Community Investors (Name of Lynited Partnership)
DOCUMENT NUMBER: 4 95 00 0000 736
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bea Beatly
(Name of Person)
Happy Homes Inc of Pindles County
12588 - (apr. Cercle N
(Address)
heaver In Ala 337a6
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (727) 360 -5 863.
ASS 23 F
Enclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee & S105.00 Filing Fee & S113.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 28, 2005

TAM BAY DEVELOPERS, INC. P.O. BOX 3516 SEMINOLE, FL 33775

SUBJECT: COMMUNITY INVESTORS, LTD.

Ref. Number: A95000000736

We have received your document for COMMUNITY INVESTORS, LTD. and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The fee and form you submitted were for a GENERAL partnership rather than for a LIMITED partnership. Enclosed is the proper form for your entity; please note that the filing fee is \$52.50

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 cal (850) 245-6958.

Lee Rivers Document Specialist

Contract Services

Letter Number: 105A00013783

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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CERTIFICATE OF CANCELLATION **FOR**

(Insert name cufrently on file with Florida Dept. of State)	
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partreartificate was filed with the Florida Department of State on	
FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Winding up the business	OS WAR 23 PM 12: 22 OS WAR 23 PM 12: 22 TALLAHASSEE FLORIDA

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: omas Inc of Pinellas County