

A96000000566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

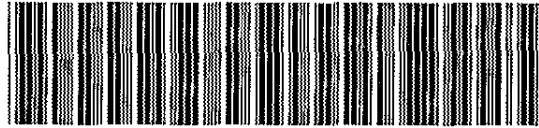
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/10 Cancel

A96-866

Office Use Only



500013078705

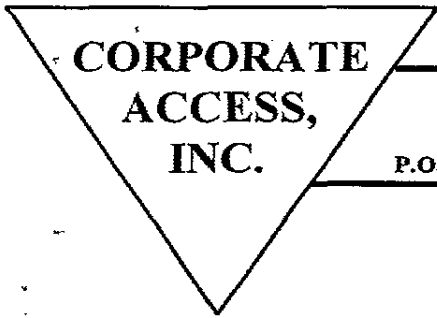
MJB

03/10/03--01020--004 **35.00

03/10/03--01020--005 **17.50

RECEIVED
03 MAR 10 AM 10:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

\$17.50



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3.10.03 *[Signature]*

CERTIFIED COPY

CUS

PHOTO COPY

FILING *Ltd. Cancellation*

1.) *Pine Ridge Golf Center, Ltd.*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

\$17.50

**CERTIFICATE OF CANCELLATION
FOR PINE RIDGE GOLF CENTER, LTD.**

Pursuant to the provisions of Section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on _____, 19____, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: The Florida limited partnership has been dissolved and the winding up of the affairs of the said Florida limited partnership have been completed.

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

This certificate for Pine Ridge Golf Center Ltd. is signed by its Sole General Partner, Southwest Florida Golf Range Development, Inc.

Southwest Florida Golf Range Development, Inc., a Florida Corporation
General Partner



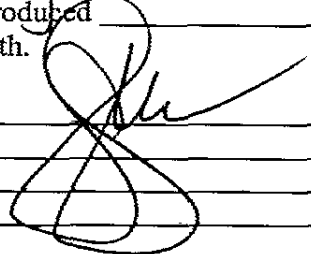
By: Jon F. Ebert, President

STATE OF Florida
COUNTY OF Lee

03 MAR 10 PM 2:14
[RECEIVED]

Execution of the foregoing instrument was acknowledged before me this 6 day of January, 2002, 2003 by Jon F. Ebert, who are personally known to me or () have produced _____ as identification and who () did or () did not take an oath.

Signature of Notary Public _____
Type/Print Name of Notary _____
Commission Number _____
Commission Exp. Date _____



Prepared by:

Richard T. Cotter, P.A.
6100 Estero Blvd.
P.O. Box 6868
Fort Myers Beach, FL 33932-6868
(239) 463-5793

