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01/03/14--01006--011 **113.75



COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: COL	ONIAL SQUARE	, LTD	
	of Florida Limited Partner		Limited Partnership)
The enclosed States	ment of Termination ar	nd fee(s) are submitted	d for filing.
Please return all co	rrespondence concerni	ng this matter to:	
JEFFREY RO	SENBERG		
	(Contact Person)		
	(Firm/Company)		
1655 DREXEL	AVE SUITE 209	9	
	(Address)		
MMIAMI BEAG	CH FL 33139		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
JEFFREY RO	SENBERG	at (305) 9	78-5636
(Name of	Contact Person)	` 	Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE Registration Section Division of Corpora Clifton Building	n ations	Registratio Division of P. O. Box 6	Corporations 5327
2661 Executive Ce		Tallahassee	e, FL 32314

STATEMENT OF TERMINATION FOR

(Name of Florida Limited Partnership o	or Limited Liability Limited Partnership)
Pursuant to the provisions of section 620.120 partnership or limited liability limited partner Florida Department of State on Statement of Termination.	rship, whose certificate was filed with the
The limited partnership or limited liability litits affairs and wishes to file a statement of te	
Signatures of each general partner or the pers. 620.1803(3) or (4), F.S.:	son appointed pursuant to
	son appointed pursuant to

Filing Fee: Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$52.50

\$8.75