

A96 000001077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A96-1077  
ae

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REAL GROWTH ASSOCIATES, ~~INC~~ LTD  
(Name of Partnership)

REGISTRATION NUMBER: A96000001077

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

Please return all correspondence concerning this matter to the following:

MAURI WINTERMEYER

(Name of Person)

KILBOURN ASSOCIATES

(Firm/Company)

3033 RIVIERA DRIVE, #202

(Address)

NAPLES, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURI WINTERMEYER

(Name of Person)

at ( 239 ) 261-1888

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E068 (01/06)

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TALLAHASSEE, FLORIDA

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## CANCELLATION OF PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following cancellation:

*(Note: A cancellation of a partnership registration cannot be filed with the Florida Department of State unless the partnership registration was previously filed and is of record with this office.)*

**FIRST:** The name of the partnership is: REAL GROWTH ASSOCIATES, INC LTD

**SECOND:** The partnership was registered with the Florida Department of State on 06/03/1996  
and assigned registration number A96000001077

**THIRD:** The purpose of this document is to cancel this partnership's registration.

**FOURTH:** Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 9 day of JANUARY, 2006.

Signatures of a partner or authorized person: \_\_\_\_\_

*Edmond Michael Kilbourn*

Typed or printed name of person signing above: EDMOND MICHAEL KILBOURN

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TALLAHASSEE, FLORIDA

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Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2006

MAURI WINTERMEYER  
3033 RIVIERA DRIVE, #202  
NAPLES, FL 34103

SUBJECT: REAL GROWTH ASSOCIATES, LTD.  
Ref. Number: A96000001077

We have received your document for REAL GROWTH ASSOCIATES, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 506A00004188

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL GROWTH ASSOCIATES, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

MAURI WINTERMEYER

(Contact Person)

KILBOURN ASSOCIATES

(Firm/Company)

3033 RIVIERA DRIVE, #202

(Address)

NAPLES, FL 34103

(City, State and Zip Code)

For further information concerning this matter, please call:

MAURI WINTERMEYER

(Name of Contact Person)

at ( 239 ) 261-1888

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ 27.50  
\$25.00 prep 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 ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

REAL GROWTH ASSOCIATES, LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/03/1996, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

NO LONGER ACTIVE

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

E. Michael Kelbaum

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

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