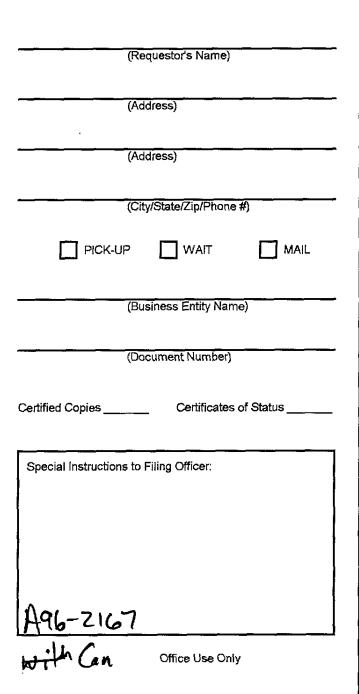
## A96000002167





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04/07/05--01021--014 \*\*52.50

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tropical Isle, Ltd.  (Name of Limited Partnership)
(Name of Limited Partnership)
DOCUMENT NUMBER: A 96000002167
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Tropical Isle, Utd.
( and company)
1805 Royal Lane Suit 103
Dallas, TX 75229 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (972) 444-9300 X12— (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee
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

## CERTIFICATE OF CANCELLATION FOR

Tropical Isle, Utd.  (Insert name currently on file with Florida Dept. of State)
(Insert name currently on file with Florida Dept. of State)
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, hereby submits this Certificate of Cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
Dissolution of partnership
, in the second of the second
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:
Noble-Kidd Corporation = 3
By: R. Edward Noble
R. Edward Noble