City/State/Zip Phone # Office Use Only  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS  Profit Resignation of R.A., Officer/ Director  Limited Liability Change of Registered Agent Nempton Dissolution/Withdrawal Merger  Domestication Merger  REGISTRATION/  Profit Resignation of Resignati	Goldenrod Car	estor's Name ater, Ltd. nciana Way, #305 — L 33480				
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Mail out  Will wait  Photocopy  Certificate of Status  AMENDMENTS  Amendment  Amendment  Resignation of R.A., Officer/ Director  Limited Liability  Change of Registered Agent  Nom  Domestication  Availability  Merger  REGISTRATION/  Cannual Report  REGISTRATION/  Profit  Annual Report  REGISTRATION/  Cualification  Foreign  Limited Partnership  Reinstatement  Resignation of R.A., Officer/ Director  -11/23/9801090003  *******\$2.50  ***********************************	(Corpor	ation Name)	(Document #)		D 5	
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## CERTIFICATE OF CANCELLATION FOR

(Insert name currently on file with Florida Dept. of State)					
Pursuant to the provisions of section	n 620.113, Flo <del>ri</del> da	Statutes, this Florida lim	nited partnership, w	hose certificate	
was filed with the Florida Departme	ent of State on	1/17/97	, hereby	submits this	
certificate of cancellation.					-
FIRST: Reason for cancellation: ( Assets distribute		ship is submitting cancel	lation)	FILED  98 NOV 23 AN II: 40 SECRETAIN OF STATE	
SECOND: This certificate of canc of State.	ellation shall be ef	fective at the time of its	filing with the Flori	ida Department	·
THIRD: Signatures of all general		Le Housing Group	-		-
•	BY: James Jenkins	s, President			-
	V				