



A97000000323

521-0821

ACCOUNT NO. : 072100000032

REFERENCE : 507654 150991A

AUTHORIZATION

Patricia Piggott

COST LIMIT :

\$ 70.00 <sup>15.00</sup> per Jeanine

ORDER DATE : December 8, 1999

ORDER TIME : 11:53 AM

ORDER NO. : 507654-005

400003064364--3

CUSTOMER NO: 150991A

CUSTOMER: Elsbeth T. Peshel, Esq  
Gould Cooksey Fennell O'Neill  
979 Beachland Boulevard

Vero Beach, FL 32963

DOMESTIC FILINGS

NAME: CAIN FAMILY PARTNERSHIP, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

FILED  
99 DEC -8 PM 3:52 99 DEC -8 PM 12:59  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JB  
12-8-99

**CAIN FAMILY PARTNERSHIP, LTD.**  
**CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP**

**ARTICLE I**

**Name**

This Limited Partnership is known as:

CAIN FAMILY PARTNERSHIP, LTD.

**ARTICLE II**

**Date of Filing**

The date of filing of the Certificate of Limited Partnership: February 3, 1997.

**ARTICLE III**

**Reason**

The reason for filing the certificate of cancellation: the Partnership dissolved by the unanimous consent of all of the Partners and the assets will be distributed pursuant to the terms of the Partnership Agreement and the Florida Statutes.

**ARTICLE IV**

**Effective Date of Cancellation**

The effective date is the filing of the Certificate of Cancellation.

Witnesses:

GENERAL PARTNER

THE JAMES L. CAIN, M.D. REVOCABLE TRUST  
DATED the 31st day of July, 1991, as amended

*Joanne E. Clark*  
*Charles L. Harrison*

By: *James L. Cain, M.D.*  
James L. Cain, M.D., Trustee

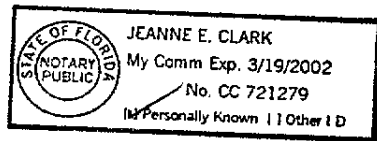
FILED  
99 DEC -8 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF INDIAN RIVER

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared JAMES L. CAIN, M.D. well known to me to be the Trustee of CAIN FAMILY PARTNERSHIP, LTD., a Florida limited partnership,

that he acknowledged executing same in the presence of two subscribing witnesses freely and voluntarily under authority duly vested in him by said limited partnership and that the seal affixed thereto is the true corporate seal of said corporation.

WITNESS my hand and official seal in the county and state last aforesaid, this 31<sup>st</sup> day of October, 1999.



Jeanne E. Clark  
Notary Public, State of Florida. My  
commission expires:

FILED  
99 DEC -8 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA