

# A97000000940

Requestor's Name  
One Park Place  
Address  
Boca Raton, FL 33487  
City/State/Zip Phone #  
621 n.w. 53rd St.  
Suite 450

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 400003539774--0  
-01/17/01--01024--004  
\*\*\*\*\*52.50 \*\*\*\*\*52.50
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
01 JAN 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A97-940

*Q*

**CERTIFICATE OF CANCELLATION  
FOR**

T.T. Pembroke Pines Associates, Ltd.

(insert name currently on file with Florida Dept. of State)

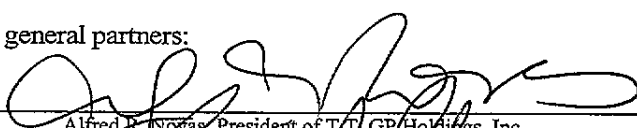
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on April 29, 1997, hereby submits this certificate of cancellation.

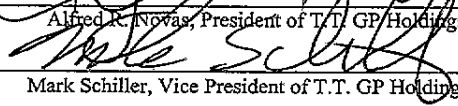
**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

All partnership interest bought out by one partner and consolidated into corporate form

**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:

  
\_\_\_\_\_  
Alfred R. Novas, President of T.T. GP Holdings, Inc.

  
\_\_\_\_\_  
Mark Schiller, Vice President of T.T. GP Holdings, Inc.

FILED

01 JAN 12 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA