

A97000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

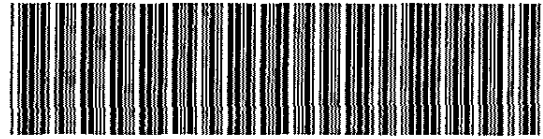
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*4/21/05*

Office Use Only



800051053848

04/20/05--01030--010 \*\*52.50

SECRET OF STATE  
TALLAHASSEE, FLORIDA

05 APR 20 PM 12:02

FILED

SunTrust Bank  
Mail Code FL-ORL-2071  
P.O. Box 4978  
Orlando, FL 32802  
Tel 407.237.5197  
Fax 407.237.5765

Mark A. Hall  
Vice President

# SUNTRUST

April 14, 2005

**VIA CERTIFIED MAIL**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: The Martha H. Davis Family Partnership, Ltd.

Dear Sir or Madam:

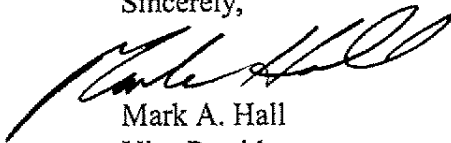
Enclosed please find the Transmittal Letter and Certificate of Cancellation for The Martha H. Davis Family Partnership, Ltd. The Martha H. Davis Family Partnership, Ltd. has fully liquidated its underlying assets.

Also enclosed is a check in the amount of \$52.50 representing the filing fee.

**Please provide written confirmation that the subject Limited Partnership has been dissolved by the State of Florida.**

Thank you.

Sincerely,



Mark A. Hall  
Vice President

Enclosure

Copy to: Robert M. Davis  
Karen Blevins

05 APR 20 05 PM 12:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD.  
(Name of Limited Partnership)

DOCUMENT NUMBER: A 9700000 2281

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

Please return all correspondence concerning this matter to the following:

MARK A. HALL  
(Name of Person)

SUNTRUST BANK  
(Firm/Company)

P.O. Box 4978  
(Address)

ORLANDO, FL 32802  
(City/State and Zip Code)

RECEIVED  
REGISTRATION SECTION  
FLORIDA

05 APR 20 PM 12:02

FILED

For further information concerning this matter, please call:

MARK A. HALL at (407) 237 5197  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**

THE MARTHA H. DAVIS FAMILY PARTNERSHIP, 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 10/22/97, hereby submits this Certificate of Cancellation.

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

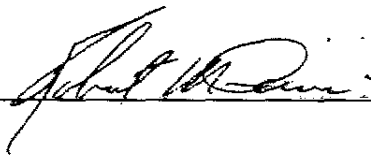
TERMINATED & DISTRIBUTED TO  
INDIVIDUAL PARTNERS

05 APR 20 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_