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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP, LLLP  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CLAY LOWRY  
(Name of Person)

LOWRY OF FLORIDA, INC.  
(Firm/Company)

36 WEST ILLIANA STREET  
(Address)

ORLANDO , FL 32806  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAY LOWRY at ( 407 ) 206-4000  
(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**

**JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP, LLLP**

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

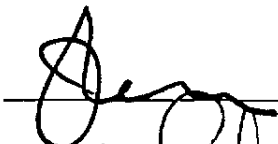
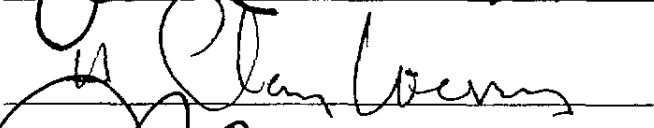
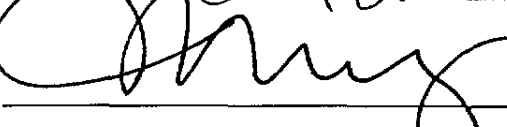
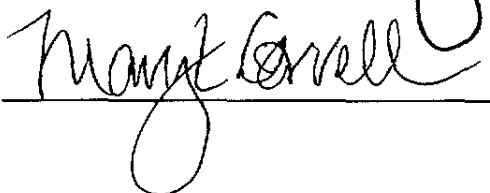
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 10/24/1997, hereby submits this Certificate of Cancellation.

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

PARTNERSHIP IS BEING DISSOLVED.

**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:

 James R. Lowry II  
 Thomas R. Lowry  
 Mary L. Corrao  
 MARY L. CORRAO