

A 97000002784

(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:

Office Use Only

FP \$52.50  
CUS 8.75



300048198403

05/02/05--01031--004 \*\*61.25

LA 05/05/05

FILED  
05 MAY -2 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Centerline Homes at the Isles, Limited  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** A97000002784

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

Please return all correspondence concerning this matter to the following:

Lewis Moscovitch  
(Name of Person)

Centerline Homes at the Isles, Inc.  
(Firm/Company)

1700 N University Drive Suite 302  
(Address)

Coral Springs, FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lewis Moscovitch at ( 954 ) 341-1499  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
05 MAY -2 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**

Centerline Homes at the Isles, Limited

(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 12-18-1997, hereby submits this Certificate of Cancellation.

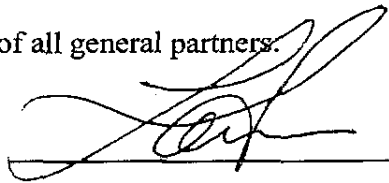
**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)  
Business is concluded.

*Business is concluded.*

FILED  
05 MAY -2 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

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