(Requestor's Name) (Address) 100058663621 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 09/14/05--01004--003 **33.75 (Business Entity Name) 11/23/05--01001--004 **27.50 Certified Copies _____ Certificates of Status Special Instructions to Filing Officer: Office Use Only

FF \$52,50





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 22, 2005

BRICKELL AVENUE LTD 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR, FL 33154

SUBJECT: BRICKELL AVENUE, LTD.

Ref. Number: A98000000286

We have received your document for BRICKELL AVENUE, LTD. and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to cancel this Limited Partnership, the form submitted is for a General Partnership, also, the filing fee is \$52.50, plus \$8.75 for the certificate, totaling \$61.25.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 605A00058097

Division of Companytions D.O. DOV 6997 Mellahamas Elevida 99914

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT: Brickell	Avenue Ltd		
		(Name of	f Limited Partnership)	
DOCU	MENT NUMB	ER: <u>A98000000286</u>		
The end	closed Certificate	e of Cancellation and fee(s) are s	submitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	
	<u>J</u>	ames I Kramer ถ	Name of Person)	
	Ķ	ramer & Associates, PA		
			Firm/Company)	
	<u>8</u> :	90 South Dixie Highway	(Address)	
	<u>c</u>	oral Gables, Fl. 33146		
		(City/	State and Zip Code)	
For furt	ther information	concerning this matter, please ca	all:	
	James i Kra	mer	at (305) 669-15	511
		(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclose	ed is a check for	the following amount:		
□ \$52.	50 Filing Fee	S61.25 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)
	Registration So Division of Co Clifton Building	rporations ig e Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CERTIFICATE OF CANCELLATION FOR

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

Brickell Avenue Ltd

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited certificate was filed with the Florida Department of State on 1/30/98 Certificate of Cancellation.	partnership, whose, hereby submits this
FIRST: Reason for cancellation: (State why partnership is submitting cancellation	n)
The business was closed.	
SECOND This Golden County is about the second of the secon	and that a Plant to
SECOND: This Certificate of Cancellation shall be effective at the time of its filin Department of State.	ig with the Florida
THIRD: Signatures of all general partners:	
	≧: 05
Mullater	05 110 V 22 ALLANAS
	2 R □