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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)922-4003

From: Account Name : CENTRES, INC.  
Account Number : F19990000140  
Phone : (305)670-1997  
Fax Number : (305)670-4429

VOLUNTARY CANCELLATION OF LP  
CENTRES ORMOND BEACH LIMITED PARTNERSHIP

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**CERTIFICATE OF CANCELLATION  
FOR**

**CENTRES ORMOND BEACH LIMITED PARTNERSHIP**

(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 May 29, 1998, hereby submits this certificate of cancellation.

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

The Partnership was formed for a specific business purpose which has now been completed and concluded. There is no further need for the Partnership's continued existence.

**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:

CENTRES ORMOND BEACH GP, INC.

By: 

David K. Charlton  
Senior Vice President

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