

A98000002563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

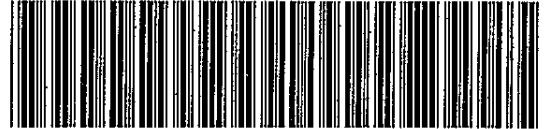
(Document Number)

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04/28/03--01114--020 **105.00

FILED
03 APR 28 AM 10:00
SEC. OF STATE
TREASURY

KAISER FAMILY LIMITED
PARTNERSHIP
4891 CROSS POINTE DRIVE
OLDSMAR FL 34677
727-786-4592

April 25, 2003

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

FILED
03 APR 28 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed you will find, pursuant to Section 620.113, Florida Statutes, a Certificate of Cancellation for a Limited Partnership, namely, Kaiser Family Limited Partnership. The Florida Document #A98000002563 and Federal ID#59-3542222 are the identifying numbers for the limited partnership.

Enclosed please find our check for \$105.00. This amount represents the filing fee for Certificate of Cancellation (\$52.50), and a certified copy of the amendment (\$52.50).

Our address and telephone number are as above and the contact person is myself, Mr. Bertram Kaiser.

Thank you for your assistance in processing this paperwork.

Sincerely,



Bertram S. Kaiser
General Partner

**CERTIFICATE OF CANCELLATION
FOR**

KAISER FAMILY 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 NOV. 12, 1998, hereby submits this certificate of cancellation.

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

*THE LIMITED PARTNERSHIP HAS LIQUIDATED
REAL ESTATE INVESTMENTS AND DOES NOT
PLAN TO INVEST FURTHER. ALL ASSETS
WILL BE DISPOSED TO PARTNERS.*

FILED
03 APR 28 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

Bertman S. Kaiser
