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October 9, 2002

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*****52.50

Please refer to our file number:

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

The Sklar Family Limited Partnership

Dear Sir or Madam:

Enclosed please find an original and duplicate Certificate of Cancellation for the referenced Partnership, together with a check in the amount of \$52.50 to cover the filing fee.

Please return a date stamped copy of the Certificate to the undersigned in the enclosed envelope.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED

JMM

Enclosures



CERTIFICATE OF CANCELLATION OF

LIMITED PARTNERSHIP OF

THE SKLAR FAMILY LIMITED PARTNERSHIP

The undersigned, being the General Partner of THE SKLAR FAMILY LIMITED PARTNERSHIP, a Florida limited partnership organized under the Florida Revised Uniform Limited Partnership Act of the State of Florida, hereby cancels, pursuant to the provisions of Chapter 620 of the Florida Statutes, the original Certificate of Limited Partnership filed on March 9, 1999, and now of record in the Department of State of the State of Florida, for the reason that all partnership interests of the limited partnership have been transferred to one remaining partner.

The effective date of cancellation of the limited partnership shall be as of the date of filing of this Certificate of Cancellation.

IN WITNESS WHEREOF, the parties have duly executed this instrument on this

SUSAN J GOTT NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. DD060089 MY COMMISSION EXP. SEPT 24,2005 THE SKLAR FAMILY LIMITED PARTNERSHIP,

a Florida limited partnership

"General Partner"

THE SKLAR FAMILY LIMITED PARTNERSHIP,

a Florida limited partnership

Sklar

"General Partner"