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(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



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FILE U

2003 DEC 18 PH 3: 30

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J. BENYAN DEC 30 MM



NATIONAL DEVELOPER OF THE YEAR naiop

300 S.E. 2nd Street Ft. Lauderdale, Florida 33301 954.627.9350 954.627.9399 Fax stiles.com stiles@stiles.com

November 29, 2003

VIA CERTIFIED MAIL, RETURN RECEPT REQUESTED

Florida Dept. of State Division of Corporations P.O. Box 6237 Tallahassee, FL 32314 PINS DEC 18 PH 3:31
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Dear Sir/Madame:

We are enclosing herewith Certificates of Cancellation for Miramar Land, Ltd. and Miramar Office I, Ltd., together with a check in the amount of \$52.50 for each entity to cover the cancellation fee.

If you have any questions please feel free to contact me at (954) 627-9156.

Sincerely yours,

STILES CORPORATION

Judy Sherman

Closing Coordinator

js

Enclosures

CERTIFICATE OF CANCELLATION FOR

(insert name currently on tile 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 4/9/1999, hereby submits this certificate of cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
All assets sold and proceeds distributed.
AND SEE, FLORIDA

Rocco Ferrera, Vice President

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: