

BO1000000118

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(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WRBD II, LP  
(Name of Limited Partnership)

**FLORIDA REGISTRATION NUMBER:** B01000000118

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK J. RONKESE  
(Name of Person)

VICE PRESIDENT OF GENERAL PARTNER, WRBD II, LP  
(Firm/Company)

PO BOX 98  
(Address)

GUILDERLAND CENTER, NY 12085  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK J. RONKESE at ( 518 ) 356-4445  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

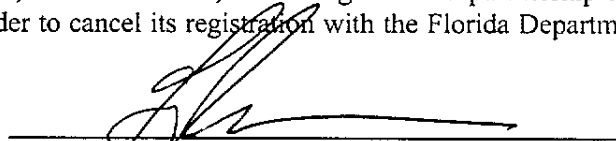
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION  
FOR**

WRBD II, LP

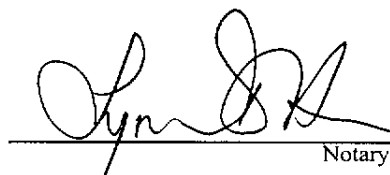
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.

  
(Signature of a General Partner)  
FRANK J. RONKESE, VP OF GENERAL PARTNER  
(Typed or Printed name of General Partner Signing Above)

STATE OF New York  
COUNTY OF Schenectady

On this 18 day of November, 2004,  
personally appeared before me, Frank J. Ronkese  
☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
Notary Public Signature  
**LYNN D. HACKLER**  
Notary Public, State of New York  
Qualified in Saratoga County  
Commission Expires Sept. 5, 2005  
01N44955613

Seal

My Commission Expires: \_\_\_\_\_