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(Re	equestor's Name)	
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
05 JUL 11 PM 12: 04

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T- FORMATION FUND I LIMITED PARTNERS H (Name of Limited Partnership)	i L
FLORIDA REGISTRATION NUMBER: 65-1092160	
The enclosed Certificate of Cancellation and fee(s) are submitted for filing. DOC BO 0000001	30
Please return all correspondence concerning this matter to the following:	· =
EDW ARD M. TIGHE (Name of Person)	•
EMT Javbymanys Jac (Firm/Company)	· .
P. D. Box 2160 (Address)	
FT. LAU DERDALE FL 33303 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (954) L84-0311 (Arrea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$\$ \$\text{\$\sigma}\$\$\$\$\$ \$\text{\$\sigma}\$	
STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

CERTIFICATE OF CANCELLATION FOR

T - FORMATO (insert name or	ON FUND I LIMITED PARTUEDSAIP urrently on file with Florida Dept. of State)
Pursuant to the provisions of section 62 submits this Certificate of Cancellation i State.	20.174, Florida Statutes, this foreign limited partnership hereby in order to cancel its registration with the Florida Department of (Signature of a General Partner)
	(Typed or Printed name of General Partner Signing Above)
STATE OF	EMT INVESTMENTS, INC, G.P.
COUNTY OF	
On this day of	95 × SE
whose identity I prov	
	PHI2: 04
	Theresa Eldreth Richardson Notary Public Signature
MOTADA COUNTY TO	Theresa Eldreth Richardson Notary's Printed Name
Seal	My Commission Expires: 11/24/07