

102 000000 351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

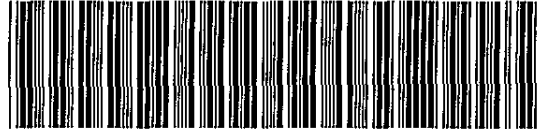
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 19 AM 8:40

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11621 Kew Gardens Avenue
Suite 210
Palm Beach Gardens, FL 33410
561/622-8343 Phone
561/622-8455 Fax

**North Shore Capital
Management, L.L.C.**

Memo

To: Registration Section
Florida Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

From: Ed Chestolowski

CC: File

Date: April 16, 2004

Re: Certificate of Cancellation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please find enclosed the Certificate of Cancellation for the following limited partnerships:

- | | |
|-----------------------|-------------------|
| • Thornberry Hill, LP | Bayview Hill, LP |
| • Eagle Hill, LP | Belmont Ridge, LP |
| • Arcadia Hill, LP | Boulder Hill, LP |
| • Arrowhead Hill, LP | Clear Canyon, LP |
| • Aurora Hill, LP | Coray Cay, LP |
| • Red Cedars, LP | |

Please provide a certified copy of the cancellation certificate for each entity. Enclosed please find a check for \$105 for each entity. This includes the \$52.50 fee for each certified copy. Please send the cancellation certificate back to us via Federal Express, using our account #229631802.

Please contact me if you need anything further.

Thank you.

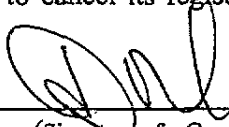

Ed Chestolowski

**CERTIFICATE OF CANCELLATION
FOR**

BAYVIEW HILL, L.P.

(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)

DOUG REICH

HERITAGE HILL, L.L.C.

(Typed or Printed name of General Partner Signing Above)

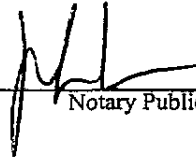
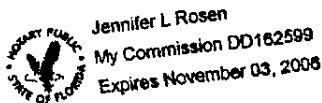
STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 16th day of APRIL, 2004, DOUG REICH
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: _____

04 APR 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED