

B04000000386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

B04-386

(Document Number)

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05 OCT 12 PM 2:57

STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIRST CHIMERA INSTITUTIONAL FUND LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B04000000386

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

Please return all correspondence concerning this matter to the following:

MELINDA SHUMAKER
(Name of Person)

HIRST INVESTMENT MANAGEMENT INC
(Firm/Company)

100 COLONIAL CENTER PKWY, STE. 140
(Address)

LAKE MARY, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

MELINDA SHUMAKER at (407) 805-0800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

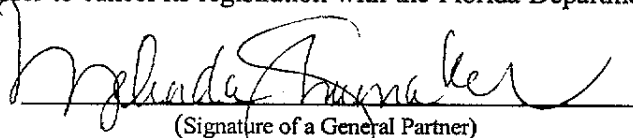
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

HIRST CHIMERA INSTITUTIONAL FUND 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)

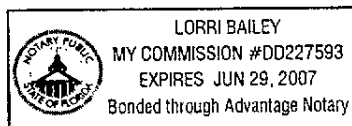
Melinda Shumaker EBO Hirst Inv. Mgmt. Inc.
(Typed or Printed name of General Partner Signing Above)

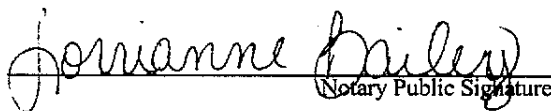
STATE OF

COUNTY OF

On this 11th day of October, 2005,
personally appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____




Notary Public Signature

Lorrianne Bailey
Notary's Printed Name

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Seal

My Commission Expires: JUNE 29, 2007