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SHARSSEE, FLORIDA

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COVER LETTER

TO:	Registration					
	Division of	Corporations				
SUBJ		BEACH COMMUNITY P. Foreign Limited Partnersh		y Limited Partners	hip)	
The en	nclosed Notic	e of Cancellation and i	fee(s) are submitte	d for filing.		
Please	e return all co	rrespondence concerni	ng this matter to:			
MICH.	AEL BELLMA	N				
		(Contact Person)		•		
COMN	MUNITY PART	NERS GP INC.				
		(Firm/Company)		•	इ ं ड ं	
638 E	ATLANTIC AV	'E			TLC?	
		(Address)		•	登りた	<u>T</u>
DEI D	AY BEACH, FI	22492			- SSE - 6	
DELK	A I BEACH, FL	(City, State and Zip Code)		•		E
					F STA	_
For fu	ırther informa	tion concerning this m	atter, please call:		ATE ATE NOA	
MICH	AEL BELLMA	N	at (416) 817-6011	·	
	(Name of Cor	ntact Person)	(Area Code	and Daytime Telep	phone Number)	
Enclo	sed is a check	for the following amo	ount:			
K \$52.	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop	y Certified	5 Filing Fee, Copy, and e of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

PALM BEACI	H COMMUNITY PARTNERS LP	
(Name of limited partne	ership or limited liability limited partners	hip)
	DELAWARE	
(Ju	risdiction of formation)	
	JUNE 19, 2013	
(Date authorize	zed to transact business in Florida)	
This foreign limited partnership or litransacting business in Florida and vs. 620.1907, F.S.	· -	-
This entity appoints the Florida Deprights of action arising out of the trans		rvice of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: DECEMBER 31, 2015 than 90 days after the date this document	t is filed by the Florida
Signature of a general partner:	22	15 SEC TALL
Typed or printed name:		
Michael Bellman, Treasurer and Assistant	Secretary	ASSS
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	PM 4: 35 OF STATE