

**S. YOUNG**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAILFISH COMMUNITY PARTNERS LP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

MICHAEL BELLMAN  
(Contact Person)  
COMMUNITY PARTNERS GP INC.  
(Firm/Company)  
638 E ATLANTIC AVENUE  
(Address)  
DELRAY BEACH, FL 33483  
(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL BELLMAN at (416) 817-6011  
(Name of Contact Person) (Area Code and 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<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate 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

FILED  
15 DEC 22 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SAILFISH COMMUNITY PARTNERS LP

(Name of limited partnership or limited liability limited partnership)

DELAWARE

(Jurisdiction of formation)

January 17, 2014

(Date authorized to transact business in Florida)

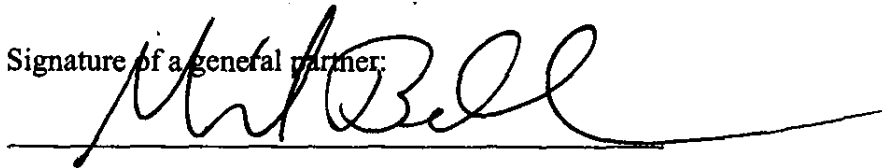
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: DECEMBER 31, 2015

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Michael Bellman, Treasurer and Assistant Secretary

|                                          |                |
|------------------------------------------|----------------|
| <b>Filing Fee:</b>                       | <b>\$52.50</b> |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b> |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**