

B94000000284

2004 SEP 10 A 11:17

SECRETARY OF STATE
TALLAHASSEE, FL 32304



600040770326

09/10/04--01017--004 **52.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ALI

Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 SEP 10 A 11:17

SUBJECT:

St. John's Investors Limited

(Name of Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA REGISTRATION NUMBER:

B94000000284

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

Please return all correspondence concerning this matter to the following:

TIMOTHY J. WALTER

(Name of Person)

ZIFF PROPERTIES, INC

(Firm/Company)

701 EAST BAY STREET

(Address)

CHARLESTON, SC 29403

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim WALTER

(Name of Person)

at

(843) 724-3405

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

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

MAILING ADDRESS:

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

CERTIFICATE OF CANCELLATION
FOR

FILED

2004 SEP 10 A 11:17

St. John's Investors Limited Partnership

(insert name currently on file with Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

St. Johns Plaza, Inc

By: Timothy J. Walter
(Signature of a General Partner)

TIMOTHY J. WALTER, VP

(Typed or Printed name of General Partner Signing Above)

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

On this 1st day of SEPTEMBER, TIMOTHY J. WALTER,
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sharon Thatcher Relford
Notary Public Signature

SHARON THATCHER RELFORD
Notary's Printed Name

Seal

My Commission Expires: 7-5-06