

B96000000120

CT CORPORATION SYSTEM

CORPORATION(S) NAME

FCD-Jupiter Farms Limited Partnership;

~~FCD-Jupiter Farms Limited Partnership~~

B96-120

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 26 PM 3:12

12/26

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC <i>Cancellation</i>	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
01 DEC 26 PM 2:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/26/01

Order#: 5011047

Ref#: \_\_\_\_\_

4000004740014--4

-12/26/01--01067--015

Amount: \$ \*\*\*\*\*52.50 \*\*\*\*\*52.50

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*JK*

2/p

**CERTIFICATE OF CANCELLATION  
FOR**

FCD-Jupiter Farms Limited Partnership

(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.

By: *Faison Capital Development, LLC, its general partner*

*[Handwritten Signature]*

(Signature of a General Partner)

Allen S. Jackson, Jr., Manager

(Typed or Printed name of General Partner Signing Above)

STATE OF North Carolina

COUNTY OF Mecklenburg

On this 21st day of December, 2001, Allen S. Jackson, Jr.  
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

*Nancy L. Farmer*

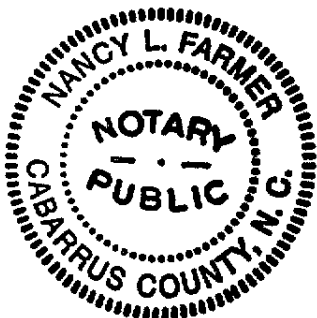
Notary Public Signature

Nancy L. Farmer

Notary's Printed Name

My Commission Expires: 8/25/2003

Seal



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