B9100000548

Å		
(Requestor's Name)		
(Address)		
(Addre	ss)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
ĺ		

Office Use Only



600022072436

08/14/03--01030--006 ****175.00**

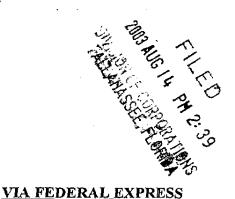
2003 AUG | 14 PM 2: 39



Theodore R. Stotzer Executive Vice President and General Counsel

Direct: (954) 967-2820

August 8, 2003



Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: CERTIFICATES OF CANCELLATION FOR THREE (3) LIMITED PARTNERSHIPS

Dear Sir/Madam:

Enclosed are Certificates of Cancellation for two (2) limited partnerships, together with our company's check in the total amount of \$105.00, with \$52.50 representing each limited partnership as follows:

- 1. BEACON TRADEPORT ASSOCIATES LIMITED PARTNERSHIP \$52.50.
- 2. PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP \$52.50.

I have also enclosed an extra copy of the Certificates of Cancellation for your also forwarding a stamped "Filed" copy of each to our office. Should you have any questions, please feel free to call. Your assistance is appreciated.

Sincerely,

SWERDLOW REAL ESTATE GROUP, LLC

Theodore R. Stotzer

Executive Vice President and General Counsel

TRS:cmo Enclosures

CERTIFICATE OF CANCELLATION **FOR**

Allow College St. Co. St. Co.

PORT EVERGLADES COMMERCE CENTER ASSOCIATES 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

PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP
BY: PORT EVERGLADES COMMERCE CENTER, INC., its general partnership

(Signature of a General Partner) Theodore R. Stotzer, Executive Vice President (Typed or Printed name of General Partner Signing Above) FLORIDA STATE OF ___ COUNTY OF ___ BROWARD On this day of personally appeared before me, who is personally known to me whose identity I proved on the basis of Notary Public Signature

Orlins Notary's Printed Name

Celeste M.

My Commission Expires: 8-24-2003

Seal

)

