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	(Re	questor's Name)	
·	(Ad	dress)	
	(Ad	dress)	
	(Cit	y/State/Zip/Phone	#)
	PICK-UP	WAIT	MAIL
	(Bu	siness Entity Nam	e)
	(Do	cument Number)	
Certified Co	opies	_ Certificates	of Status

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ACCOUNT NO. : 072100000032 REFERENCE : 501316 7116986 AUTHORIZATION COST LIMIT : \$ 52.50 ORDER DATE: July 22, 2005 ORDER TIME : 4:32 PM ORDER NO. : 501316-010 CUSTOMER NO: 7116986 CUSTOMER: Christine Evens Noble House Hotels & Resorts Suite 300 225 108th Avenue Ne Bellevue, WA 98004-5771 DOMESTIC FILINGS NAME: OCEAN EDGE, L.P. XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY . PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER'S INITIALS:

STREET ADDRESS: MAILING ADDRESS:

Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

05 JUL 26 Pr. 3.25

CERTIFICATE OF CANCELLATION FOR

OCEAN EDGE, L.P.

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

Washington Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on ___, 1/13/99 hereby submits this Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Business has been dissolved.

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

OCEAN EDGE, L.P.

A Washington limited partnership

By:

WESTGROUP OCEAN KEY HOUSE, INC.

Florida Corporation, It's Sole General Partner

By: Patrick R. Colee, President