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SECRETARY OF STAT

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Bernex Option	Income Funo, LTD.	
	(Name o	f Limited Partnership)	
DOCUMENT NUMB	ER: 495000	Lucome Funa, LTD.  fLimited Partnership)  pp 1793	<u></u>
	e of Cancellation and fee(s) are		
Please return all corres	pondence concerning this matter	to the following:	
-	Neil 1. R	Name of Person)	
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_		(Address)	
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STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g c Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

## CERTIFICATE OF CANCELLATION FOR

	Ber	nex	Option (Insert name cu	Inc	one	Fina	UTA	
			(Insert name cu	rrently on file	with Florida	Dept. of State	)	
certificate	•	with the	section 620.1 Florida Depar					ed partnership, whose hereby submits this
FIRST:	Reason for	cancella	tion: (State w	hy partne	ership is	submitting	cancellat	ion)
		Dis All	solution Parth	ens	Azv	eenen	t 4	05 DEC 22 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	D: This Ce ent of State	•						ing with the Florida
THIRD:	Signatures	gern Bern Dy	eneral partners  (Capital  Leil J. De	Hana Jen VMA",	seneni Pres	t Cony	Sole Gene Pan	rol Por