

A 11072

Chesapeake Bay Capital Corp.
The Executive Centre At Hooks Ln.
Requestor's Name

2 Reservoir Circle, #104
Address

Baltimore, MD 21208
City/State/Zip Phone #

CM

97 JAN 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Section 30 Limited Partnership
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 700002059147--8
-01/15/97--01068--007
*****52.50 *****52.50

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF CANCELLATION
FOR**

SECTION 30 LIMITED PARTNERSHIP

Ivan Stern

, GENERAL PARTNER

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

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.

A11672

STATE OF MARYLAND

COUNTY OF BALTIMORE

On this 9TH day of January, 1997,
personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dorothy K. Sadler
Notary Public Signature

DOROTHY K. SADLER
Notary's Printed Name

Seal

My Commission Expires: 8-1-98