

CT CORPORATION SYSTEM

A16299

CORPORATION(S) NAME

South Atlantic Venture Partners, LP;

~~South Atlantic Venture Fund, LP~~

FILED
01 DEC 14 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

RECEIVED
01 DEC 14 PM 12:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|---|---|---|
| <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 | <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 | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/14/01

Order#: 4970165

100004726611--8

-12/14/01--01046--002

Ref#: *****52.50 *****52.50

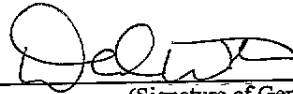
Amount: \$ _____

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

**CERTIFICATE OF CANCELLATION
FOR**

SOUTH ATLANTIC VENTURE PARTNERS, 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.



(Signature of General Partner)

Donald W. Burton

(Typed or Printed name of General Partner
Signing Above)

STATE OF Florida
COUNTY OF Hillsborough

On this 4th day of December, 2001, Donald W. Burton
personally appeared before me,



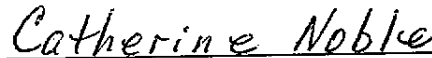
who is personally known to me



whose identity I proved on the basis of _____



(Notary Public Signature)



(Notary's Printed Signature)

Seal

My Commission Expires: July 6, 2002

