

CT CORPORATION SYSTEM

A16347

CORPORATION(S) NAME

~~South Atlantic Venture Partners, LP~~

South Atlantic Venture Fund, LP

FILED
01 DEC 14 PM 2:10
SECRETARY OF STATE
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 <i>Cancellation</i> | <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 |
| <hr/> | | |
| <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 | | |

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

BK

Name _____
Availability _____
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W.P. Verifier _____

12/14/01

Order#: 4970165

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-12/14/01--01046--003

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 FUND, 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.

SOUTH ATLANTIC VENTURE
PARTNERS, LIMITED PARTNERSHIP,
its General Partner

By: _____

Name: Donald W. Burton

Title: General Partner

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 _____

Catherine Noble
(Notary Public Signature)

Catherine Noble
(Notary's Printed Signature)

Seal

My Commission Expires:

July 6, 2002

NOTARY PUBLIC
STATE OF FLORIDA
Catherine Noble
Commission # CC 757054
Expires July 6, 2002
BONDED THRU
ATLANTIC BONDING CO., INC