A16995

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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J. BRYMM AUG - 3 2005

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: University (///age Associates Lt.). (Name of Limited Partnership) |
| DOCUMENT NUMBER: A 16995 |
| The enclosed Certificate of Cancellation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Sidney Sandow (Name of Person) Arow International Bracky Inc. 241 No. University Dr. (Address) Pembrok Pines Al 33024 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (954) 985-8560 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

"STREET ADDRESS:

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Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

| Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partner certificate was filed with the Florida Department of State on, hereb | ership, whose by submits this |
|--|--|
| Certificate of Cancellation. | |
| FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Business Sold, Portnership dissolved | THIS AUG-1 PM 4: 30 DINALLAHASSEE, FLORIDA |

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:

by Saugh Sausan, Brandant