A22711

TO: Amendment Section Division of Corporations SUBJECT: (Name of corporation) for new suy DOCUMENT NUMBER: The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Address) (City/State and Zip code) For further information concerning this matter, please call: (Name of Person)

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

CERTIFICATE OF CANCELLATION FOR

BA ASSOCIATES, LTD.
(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 a General Partner) [Signature of General Partner Signing Above]
STATE OF
COUNTY OF Fulton
On this 12 day of <u>Apri</u> , <u>acca</u> , <u>John W. Lundecker</u> personally appeared before me, who is personally known to me whose identity I proved on the basis of <u>SALES</u>
Albrah L. Mallgren Deborah L. Mallgren Notary's Printed Name
My Commission Expires My Commission Expires: Feb 04 2005