TO: Amendment Section Division of Corporations	
Golf View Partn	ers. LTD
SUBJECT:	orporation) Partnership
DOCUMENT NUMBER: A32391	· · · · · · · · · · · · · · · · · · ·
The enclosed withdrawal application and fee an	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
John R. Arms	
(Name of Person)	<b>0000078463700</b> -09/19/0201025009
Golf View Partners, LTD	******35.08 ******35.08
(Firm/Company)	
8654 Pontchartrain B√vd. St	е <i>4</i>
(Address)	0000078463700
	-10/09/0201037019 *****17.50 *****17.50
New Orleans, LA 70124	
(City/State and Zip code)	
For further information concerning this matter, pl	ease call:
Raymond C. Guidry, Jr.	at ( 504 ) 283-2595
(Name of Person)	
	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amandanant Castian 223 Mai
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314

FOR LP Cancel.

FF \$59,50

\$100



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 20, 2002

JOHN R. ARMS GOLF VIEW PARTNERS, LTD. 8654 PONTCHARTRAIN BLVD., STE. 4 NEW ORLEANS, LA 70124

SUBJECT: GOLF VIEW PARTNERS, LTD.

Ref. Number: A32391

We have received your document for GOLF VIEW PARTNERS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is to withdraw a corporation. Please complete the enclosed form to cancel a foreign limited partnership. The fee to file the cancellation is \$52.50.

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 002A00053671

## CERTIFICATE OF CANCELLATION FOR

GOLF VIEW PARTNERS, LTD	
(insert name currently on file with Florida Dept. of State)	
arsuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership ereby submits this certificate of cancellation in order to cancel its registration with the Florida	
epartment of State.  Contraporary Doudopnosis, The	* <b>:</b>
(Signature of a General Partner)	
John R. Arms, Prosper	-
(Typed or Printed name of General Partner Signing Above)	
TATE OF LOUISIANA	
OUNTY OF PARISH OF ORLEANS	
ersonally appeared before me,  who is personally known to me  whose identity I proved on the basis of	. च
	1
	-
Number State	
Notary Public Signature	<b>)</b>
Notary's Printed Name	

DEBRA L. CASSIBRY

NOTARY PUBLIC

My Commission ExpireSTATE OF LOUISIANA

MY COMMISSION
IS FOR LIFE

Seal