1/23/97

## 4000001690

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed is my request form for the cancelation of South Biscayne Drive Ltd., a Florida limited partnership.

The contact person and the person to whom the acknowledgement should be addressed is:

William J. Brand, General Partner

44 Cory Street

Port Charlotte, FL 33953

Port Charlotte, FL 33953

Daytime telephone numbers are 941-426-3817 or 941-743-5253

| Very Truly Yours,   |          |   |
|---------------------|----------|---|
| -SMA                | <b>}</b> | _ |
| Name<br>Avalability |          | Ī |
| William J. Bran     | d        | _ |
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| ve oper<br>Ve oper  | . ?      |   |
| Actino ledgement    | Dud      |   |
| W. P. Verifyer      | Dec      |   |

## CERTIFICATE OF CANCELLATION FOR

| (insert name currently on file with Florida Dept. of State)   |
|---|
| Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on $\frac{12/13/9+}{}$ , hereby submits this certificate of cancellation.   |
| FIRST: Reason for cancellation: (State why partnership is submitting cancellation)  THE BOLE FUNCTION OF THE PARTNERSHIP WAS TO PROVIDE A BRIDGE LOAN TO THE SOUTH CISCAYNE GAPTIST CHURCH OF NORTH PORT FL.  THIS WAS ACCOMPLISHED, THE LOAN WAS REPAID, EACH PARTNERSHIP NO RECEIVED HIS OR HER SHARE OF THE CAPITALIZATION. THE PARTNERSHIP NO LONGER HAS ASSETS OR A REASON TO EXIST.  SECOND: This certificate of cancellation shall be effective at the time of its filing with the FRANCE FLORIDATION.  THIRD: Signatures of all general partners:  Converse Partners  Converse Partners |



## CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

DEERFIELD PROFESSIONAL CENTER
3375-G CAPITAL CIRCLE N.E.
POST OFFICE BOX 13445
TALLAHASSEE, FLORIDA 32317-3445
TELEPHONE (904) 385-7444
FAX (904) 385-0602

March 24, 1997

W. FREDERICK THOMSON, CP.A. HAROLD A. BROCK, JR. CP.A. REDFORD A. CHERRY, CP.A. FRED C. LUGER, CP.A.

GREGORY J. COCHRAN, CP.A. MOLLY C. FOUNTAIN, CP.A. MATTHEW R. HANSARD, CP.A.

MEMBERS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

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

RE: Champion Family Partnership, LTD Document # A94000001802

Dear Sir:

As requested by phone today, please make to following changes to your Document Number referenced above:

1) Mailing address should read: P. O. Box 13445, Tallahassee, FL 32317

2) Principal Office address:

3375-G Capital Circle, NE, Tallahassee, FL 32308

Your immediate attention to this matter will be greatly appreciated.

Very truly yours,

W. Frederick Thomson

WFT/ca

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