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NAME: FOG GANDY LIMITED
AUDIT NUMBER.....H97000021255
DOC TYPE.....VOLUNTARY CANCELLATION OF LP
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CERTIFICATE OF CANCELLATION OF FOG GANDY LIMITED

THE UNDERSIGNED, the sole general partner of **FOG GANDY LIMITED**, a Florida limited partnership (the "**Partnership**"), intending to file this Certificate of Cancellation for the Partnership, certifies that:

1. **Name**: The name of the Partnership is **FOG Gandy Limited.**

2. **Date of Filing**: The date of filing of the Affidavit and Certificate of Limited Partnership is October 25, 1995.

3. **Reason for Cancellation**: The reason for filing this Certificate of Cancellation is the liquidation and dissolution of the Partnership.

4. **Effective Date**: The Partnership will be dissolved and this Certificate of Cancellation will be effective on the date of its filing with the Florida Department of State.

FOG GANDY LIMITED
By: FOG Gandy, Inc.

By: _____
Name: MARK D. HACKNEY
Title: president

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Prepared by:
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