

Document Number Only

A 97000000184

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-09/20/00--01033--009
*****52.50 *****52.50

CORPORATION(S) NAME

1630 Beacon Center Limited Partnership

FILED
SEP 20 PM 3 17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 09/20/00
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

WPN

Order#:

Ref#:

Amount:\$

TEL: 850-222-1092
FAX: 850-222-7615
CALL AFTER 5:00 PM

RECEIVED
00 SEP 20 PM 1:32

**CERTIFICATE OF CANCELLATION
FOR**

1630 Beacon Center Limited Partnership

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 January 22, 1997, hereby submits this certificate of cancellation.

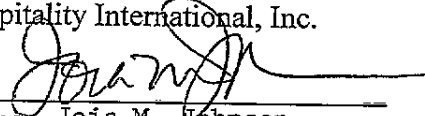
FIRST: Reason for cancellation:

Termination of business relationship.

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:

Gold Coast Restaurant Group
by: RARE Hospitality International, Inc.

By: 
Name: Joia M. Johnson
Title: Executive Vice President

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