

# CAB-TEL CORPORATION

# A97000001637

February 3, 1990

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

To Whom It May Concern,

Please find enclosed completed Certificate of Cancellation for the following Limited Partnerships:

Metro West Limited Partnership  
Cable Vision Limited Partnership  
Cable Systems Limited Partnership  
Doral Pointe Limited Partnership  
Briny Breezes Limited Partnership  
Cable Partners Limited Partnership  
Cable Fund Limited Partnership  
Cable Funding II Limited Partnership  
Cable Fund V Limited Partnership  
Cable Fund VII Limited Partnership  
Cable Fund IX Limited Partnership  
Cable Fund XI Limited Partnership  
Cable Fund XII Limited Partnership  
Cable Fund XIV Limited Partnership  
Cable Fund XV Limited Partnership  
Cable Fund XVII Limited Partnership

FILED  
98 NOV 16 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300002777193--7  
-02718/99--01080--001  
\*\*\*\*840.00 \*\*\*\*52.50

Also enclosed is payment for cancellation.

All correspondence should be addressed to :

Jack Wilson  
c/o Cab-Tel Corp.  
5151 Reed Rd. Ste. 106-A  
Columbus OH 43220  
Phone: 614/442-5890

Name	
Availability	
Document	
Examiner	DCC
Date	Thank you for your prompt attention to this matter.
Signature	Sincerely,
Print Name	Jack A. Wilson
Print Title	General Partner
Printer	DCC

# A97000001637

FF \$52.50

5151 Reed Rd., 106-A, Columbus, Ohio 43220  
614-442-5890 or toll free 800-582-0504  
FAX 1-614-457-2567

## CERTIFICATE OF CANCELLATION FOR

Cable Fund XVII Limited Partnership

(Insert name currently on file with Florida Dept. of State)

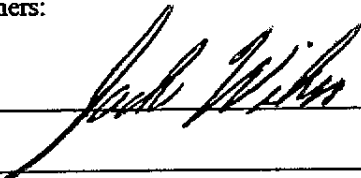
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 7/25/97, hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

All assets of partnership have been liquidated.

**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:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA