

Document Number Only

A97000002223

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

Chancellor Partners Limited Partnership I

200002342732--9

-11/10/97-01070-017

\*\*\*\*\*52.50 \*\*\*\*\*52.50

FILED  
97 NOV -6 AM 11:15  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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|--|---|---|
| <input type="checkbox"/> Profit                                      | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                 |
| <input type="checkbox"/> NonProfit                                   |   |   |
| <input type="checkbox"/> Limited Liability Co.                       |   |   |
| <input type="checkbox"/> Foreign                                     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                   |
| <input checked="" type="checkbox"/> Limited Partnership Cancellation | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Reinstatement                               | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.         |
|  |   | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy                              | <input type="checkbox"/> Photo Copies           | <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                                    |   |   |

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FILING 52.50  
R. AGENT FEE  
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TOTAL 52.50  
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BALANCE DUE  
PERIOD

**CERTIFICATE FOR CANCELLATION  
FOR**

**CHANCELLOR PARTNERS LIMITED PARTNERSHIP I**

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

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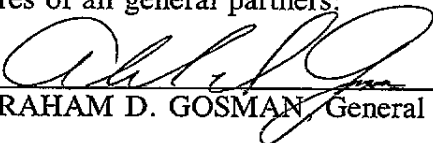
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on October 15, 1997, hereby submits this certificate of cancellation.

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

The partnership has not been fully funded and will not be funded further or employed for the purposes originally contemplated.

**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:

  
\_\_\_\_\_  
ABRAHAM D. GOSMAN, General Partner

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