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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)222-1092
 Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 24 PM 4:40

FILED

DISS/TERM/CANCEL/REV OF LP/LLP
ACPRE BAL REAL ESTATE LIMITED PARTNERSHIP

RECEIVED

14 DEC 24 AM 10:00

DIVISION OF CORPORATIONS
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Certificate of Status	0
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Page Count	03
Estimated Charge	\$52.50

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DEC 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACPRE BAL Real Estate Limited Partnership
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

ACPRE BAL Real Estate Limited Partnership
(Name of limited partnership or limited liability limited partnership)

Delaware
(Jurisdiction of formation)

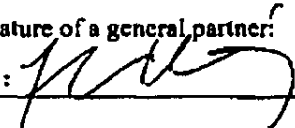
2/1/2000
(Date authorized to transact business in Florida)

FILED
14 DEC 24 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:
By: 

Typed or printed name:
Thomas M Dowling, Manager of Archon
Administrative Services, LLC, Manager of General Partner,
ACPRE BAL Gen-Par, LLC

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75