

**B01000000015**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

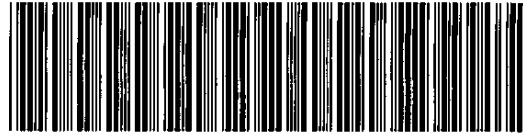
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*SM 7/27*  
*reject*  
*25*

Office Use Only



**500076713605**

07/07/06--01017--005 \*\*52.50

**FILED**  
06 JUL 25 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2006

TRACY WEAKLEY  
4100 GREENBRIAR STE 180  
STAFFORD, TX 77477

SUBJECT: NC VENTURE I, L.P.  
Ref. Number: B01000000015

We have received your document for NC VENTURE I, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Document Specialist

Letter Number: 306A00044919

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NC Venture I, L.P.  
(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:

Tracy Weakley  
(Contact Person)

NC Ventures, Inc.  
(Firm/Company)

4100 Greenbriar Ste 180  
(Address)

Stafford TX 77477  
(City, State and Zip Code)

For further information concerning this matter, please call:

Tracy Weakley at ( 281 ) 265-5328  
(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**

NC Ventures I, L.P.  
(Name of limited partnership or limited liability limited partnership)

Delaware  
(Jurisdiction of formation)

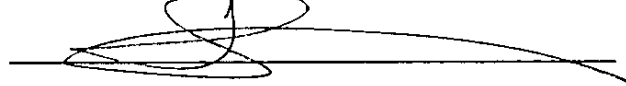
October 25, 2000  
(Date authorized to transact business in Florida)

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: date of filing (circled)  
(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:



Typed or printed name:

Tracy Weakley, Se VP NC Ventures I, L.P.  
General Partner

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

06 JUL 25 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**