

CT CORPORATION SYSTEM

BOI000000 321

CORPORATION(S) NAME

Anderson Greenwood LP

0

FILED
OCT 26 PM 2:04
TALLAHASSEE FLORIDA
SECRETARY OF STATE

500004655145--8

10/26/01 01044-011

*****52.50 *****52.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" 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 _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

10/26/01

Order#: 4867465

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

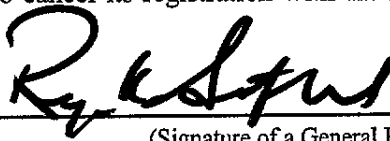
CERTIFICATE OF CANCELLATION
FOR

Anderson, Greenwood LP

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

FILED
01 OCT 26 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

Crosby GP Holding, Inc., by Ryan K. Stafford, Vice President

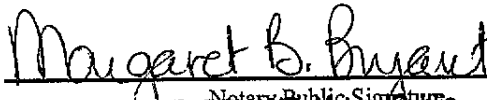
(Typed or Printed name of General Partner Signing Above)

STATE OF NEW HAMPSHIRE

COUNTY OF ROCKINGHAM

On this 18th day of October, 2001, Ryan K. Stafford
personally appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____



MARGARET B. BRYANT, Notary Public
My Commission Expires November 18, 2003

Notary's Printed Name

Seal

My Commission Expires: _____