

B04000000364

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000156069 3)))



H100001560693ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATION SERVICE COMPANY
 Account Number : 120000000195
 Phone : (850) 521-1000
 Fax Number : (850) 558-1515

FILED
10 JUL -7 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP
GALBRAITH CAPITAL, L.P.**

RECEIVED
10 JUL -7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

Electronic Filing Menu Corporate Filing Menu Help

FILED
10 JUL -7 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Galbraith Capital, L.P.

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

August 23, 2004

(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: _____
(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:

Steve Greczek, Member

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