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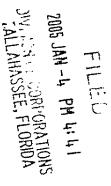
(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

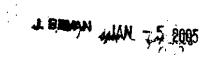
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ENHANCED CAPITAL PARTNERS, LLC

201 St. Charles Avenue - Suite 3700 New Orleans, Louisiana 70170

> Telephone 504-569-7900 Facsimile 504-569-7910

December 28, 2004

Attn: Joey Bryan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enhanced Capital Partners, LLC ("The Company")
Request for Withdrawal of Authority

Dear Mr. Bryan:

Enclosed please find the Company's Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida as well as Check Number 5627 dated December 28, 2004 for thirty dollars.

The Company requests a Certificate of Status and Certified Copy of the withdrawal be mailed to my attention at the address above. Please contact me should you need anything further. Thank you in advance for your prompt attention to this matter.

Regards,

Micole 7. Ellender
Nicole F. Ellender

Associate Corporate Counsel

NFE/em

Enclosures

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Enhanced Capital Partners LLC
Enhanced Capital Partners, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrender authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
201 St. Charles Avenue; Suite 3700
(Mailing address)
New Orleans, Louisiana 70170
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Michael A.G. Korengold; President
(Typed or printed name of signee)

Filing Fee: \$25.00