

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073
Fax: 302-739-3812**

**Certificate of Cancellation
of Limited Partnership**

Dear Sir or Madam:

Enclosed is the Certificate of Cancellation of a Delaware Limited Partnership to be filed in accordance with the Uniform Limited Partnership Act of the State of Delaware. The fee to file the certificate is \$200. You will receive a stamped “Filed” copy of your submitted document. You may request a certified copy for an additional \$30. Expedited services are available. Please contact our office concerning these fees.

Please contact our Franchise Tax Section concerning any taxes due at the time of cancellation. A check for the tax payment and filing fee must accompany the Certificate for filing. Please make your check payable to the “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073 .

Sincerely,

Department of State
Division of Corporations

encl.
rev. 06/04

STATE OF DELAWARE
CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP

The limited partnership organized under the Delaware Revised Uniform Limited Partnership Act (the "Act"), for the purpose of canceling the Certificate of Limited Partnership pursuant to Section 17-203 of the Act, hereby certifies that:

1. The name of the limited partnership is _____
_____ (the "Partnership").

2. The Certificate of Limited Partnership was filed in the Office of the Secretary of State of the State of Delaware on _____.

3. This Certificate of Cancellation shall become effective _____.

IN WITNESS WHEREOF, the undersigned, constituting the general partner(s) of the partnership has executed this Certificate of Cancellation as of the _____ day of _____, A.D. _____.

By: _____
General Partner(s)
or
Liquidating Trustee(s)

Name: _____
Print or Type

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**Certificate of Cancellation
Of Foreign Limited Partnership**

Dear Sir or Madam:

Enclosed is the Certificate of Cancellation of Foreign Limited Partnership to be filed in accordance with the Uniform Limited Partnership Act of the State of Delaware. The fee to file the certificate is \$200. You will receive a stamped “Filed” copy of your submitted document. You may request a certified copy for an additional \$30. Expedited services are available. Please contact our office concerning these fees.

Please contact our Franchise Tax Section concerning any taxes due at the time of cancellation. A check for the tax payment and filing fee must accompany the Certificate for filing. Please make your check payable to the “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073 .

Sincerely,

Department of State
Division of Corporations

encl.
rev.06/04

**STATE OF DELAWARE
CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF FOREIGN LIMITED PARTNERSHIP**

The foreign limited partnership organized under the Delaware Revised Uniform Limited Partnership Act (The "Act"), for the purpose of canceling the Certificate of Foreign Limited Partnership pursuant to Section 17-906 of the Act, hereby certifies that:

1. The name of the foreign limited partnership is _____
_____ (the "Partnership").

2. The Certificate of Foreign Limited Partnership was filed in the Office of the Secretary of State of the State of Delaware on _____
_____.

3. This Certificate of Cancellation shall become effective _____
_____.

IN WITNESS WHEREOF, the undersigned, constituting the general partner(s) of the partnership has executed this Certificate of Cancellation as of the _____ day of _____, A.D. _____.

By: _____
General Partner

Name: _____
Print or Type