Filing Fee: \$10.00 ID Number: 000050129



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

CERTIFICATE OF CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP

7801 NFC -3 AM 10: 34

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-10 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:

The name of the limited partnership is: Dxford Place Associates	
he date of filing of the Certificate of Limited Partnership is	September 10, 1976
he reason for filing the Certificate of Cancellation is	
The events for dissolution that are specified in the partnership agree	eement have occurred.
*** - transport and a second an	
72	
***************************************	11 - 14 - 11 - 14 - 14 - 14 - 14 - 14 -

Form No. 302 Revised: 12/05 FILED 10:34 DEC 03 2007 By 99 43562

19-18-1	
This Certificate of Cancellation is sign	ned by all general partners of the Limited Partnership.
This Certificate of Cancellation is sign	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite
	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying
	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying attachments, contained herein are true and correct.
N 14 0005	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying attachments, contained herein are true and correct. Oxford Place Associates Print Name of Limited Partnership
	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying attachments, contained herein are true and correct. Oxford Place Associates Print Name of Limited Partnership By
N 14 0005	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying attachments, contained herein are true and correct. Oxford Place Associates Print Name of Limited Partnership By
N 14 0005	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limite Partnership and that all statements, including any accompanying attachments, contained herein are true and correct. Oxford Place Associates Print Name of Limited Partnership By



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

