

B98000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

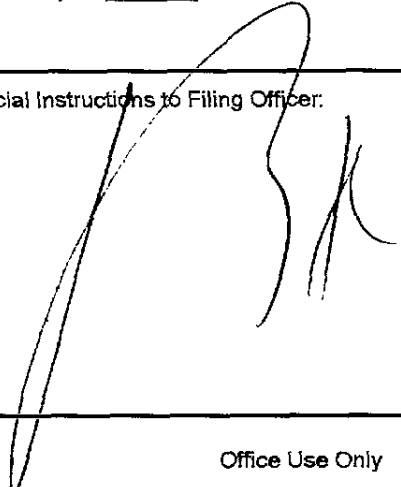
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



700073926197

FILED

2006 MAY 10 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 MAY 10 PM 2:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 093710 7158992  
AUTHORIZATION :  
COST LIMIT : \$ 52,500

*Sarah Lea*

2006 MAY 10 AM 10:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 9, 2006  
ORDER TIME : 1:32 PM  
ORDER NO. : 093710-010  
CUSTOMER NO: 7158992

FOREIGN FILINGS

NAME: JEFFERSON ARBOUR LIMITED  
PARTNERSHIP

       CORPORATE  
XX        LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Sara Lea - EXT# 2914

EXAMINER: \_\_\_\_\_

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

JEFFERSON ARBOUR LIMITED PARTNERSHIP

(Name of limited partnership or limited liability limited partnership)

n/k/a CRAWFORD ARBOUR APARTMENTS LIMITED PARTNERSHIP

Delaware

(Jurisdiction of formation)

5-29-1998

(Date authorized to transact business in Florida)

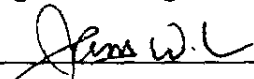
**FILED**  
2006 MAY 10 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

James W. Morgan, Jr., Vice President of General Partner  
\_\_\_\_\_

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>