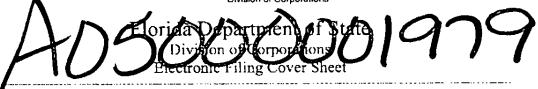
Division of Corporations



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(((H170002689073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Fax Number

: (954)208-0845

DISS/TERM/CANCEL/REV OF LP/LLP GATE PARKWAY APARTMENTS, LTD.

	والأراب المراجع والمنصوص والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم
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Certified Copy	1
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Estimated Charge	\$105.00

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COVER LETTER

TO: Registr	ration Section		
Division of Co	orporations	,	
SUBJECT: _	GATE PARKWAY (Name of Florids Limited	APARTMENTS, LTE Partnership or Limited Clability Limite), d Partnership)
	all correspondence conce Kelly Arrig	_	for filing.
	PGIM Real Estate	C m/Company)	
	(,,,	in Company)	
	7 Giralda	Farms	
	(4	Addressi	
	Madison, l	NJ 07940	
		e and Zip Ciule)	
	formation concerning this		34-1300
	(Name of Contact Person)		ytime Telephone Number)
Enclosed is a c	check for the following a	mount:	
\$52.50 Filing	Fee S61.25 Filing Fee and Certificate of Status		\$113.75 Filing Fee. Certified Copy, and Certificate of Status
STREET AD Registration S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	Section orporations ing ve Center Circle	Registration	Corporations 327

CERTIFICATE OF DISSOLUTION FOR

GATE PARKWAY APA	ARTMENTS, LTD.	
(Name of Florida Limited Partnership o	or Limited Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Ordocument number A05000001979 Dissolution.	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the ctober 31, 2005, assigned Florida, hereby submits this Certificate of	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
GATE PARKWAY APARTMEN	ITS, LTD. is no longer conducting business in Florida.	13 T
		FILE
		三里口
SECOND: A Notice of Disso (Check box if a		开口 21
Department of State.)	e than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date will	I
Signatures of each general partner or the partner of the partner Darin Bright Title: Autorized Person	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:	
Filing Fee:	\$52.50	
Certified Copy (optional); Certificate of Status (optional);	\$52.50 \$8.75	