

September 19, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 500004608645---5 -08/24/01--01111--002 ******52.50 ******52.50

Dear Sir or Madam:

Attached please find a completed form to cancel a Florida limited partnership, Washington Ridge Senior Village, LTD., LLLP.

The contact person is David Freed, and his phone number during the day is 202/667-3002 ext. 116.

The name and address of the person to whom the acknowledgment should be addressed is:

David Freed TCG Development Services, LLC. 1012 N Street, NW Washington, D.C. 20001

Thank you with your assistance with this cancellation.

Sincerely,

David Freed Program Manager

Attachment

01 SEP 24 PM 5: 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA

HOU-1681

CERTIFICATE OF CANCELLATION FOR

WASHINGTON RIDGE SENIOR VILLAGE, LTD., LLCP

(Insert name currently on file with Florida Dept. of State)

Doc # A00000001681

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited pa	artnership,
whose certificate was filed with the Florida Department of State on $\frac{11/3}{20}$	
hereby submits this certificate of cancellation.	
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)	
Partnership has ceased operation and is dissolved.	·
and is dissolved.	
SECOND: This certificate of cancellation shall be affective at the concentration of the second state of th	
SECOND: This certificate of cancellation shall be effective at the time of its filing w Florida Department of State.	ith the
THIRD: Signatures of all general partners:	!
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