



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
09/07/2001	2 01173

DEBIT MEMORANDUM

A01000001123

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	1,028.00
Other Total	0.00
Total	\$1,028.00

4530 / 4510 -
\$978. / \$50.00
300004531933--3

Distribution

Cross Ref	Samas Code	Reason	Amount
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
204	45-50-2-130001-45300100-00-000100-00	OTHER	50.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	150.50
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	558.75

Grand Total: **\$1,028.00**

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 08/30/2001

Tom Gallegher
State Treasurer

RECEIVED
01 SEP 11 AM 10:12
BUREAU OF
TREASURY
MANAGING BUDGET AND
FINANCIAL SERVICES

CHRISTOPHER HOUSE APTS INC

Returned for
NON SUFFICIENT FUNDS
Otherwise, mark "X"

1003

63460/680
01

Pay to the order of

Sub

8/5/01

Date

STOP PAYING

\$ 100.00

1003-01

1003-01

1003-01

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1003-01

Coconut Grove Bank

Main Office
2701 South Bayshore Drive
Coconut Grove, Florida 33133



For *Manuel Quintana*

Joe Manuel Quintana

MP

00000150501

1003

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0660000109 RETS 7
050010156 08-30-01 12
050010156 RETS 3
056000109 RETS 3
056000109 04 FEB 1983
06/26/83 06:51:50 0827-01

00403355
 DEPT OF AGRICULTURE
 40630000474 E52B4 90 P06
 08/24/01

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-08/23/01--01039--029
1009068235 ***150150-
212722



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 21, 2001

Medical Center Apartments LTD
% Medical Center Apartments Inc.
964 SW 10th Street
Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, LTD.
Ref. Number: A01000001123

Debit Memo #: 21173-E

This is to inform you that your check #1003 dated August 31, 2001 in the amount of \$150.50 and submitted for MEDICAL CENTER APARTMENTS, LTD. has been returned to us by your bank because of Two Signatures Required.

We request that you remit a cashier's check or money order in amount of \$165.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 201A00052947



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 24, 2001

Medical Center Apartments LTD
% Medical Center Apartments Inc.
964 SW 10th St.
Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, LTD.
Ref. Number: A01000001123

Debit Memo #: 21173-E

Due to your failure to respond to our previous letter advising you of the returned check #1003, the Certificate of Limited Partnership for MEDICAL CENTER APARTMENTS, LTD. has been cancelled and is considered not filed as of October 24, 2001.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 101A00058571