

# A010000001570

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

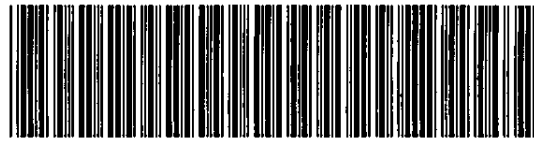
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Senior Living of Corpus Christi, Ltd.  
Senior Living of Tyler, Ltd.  
~~Senior Living of Temple, Ltd.~~  
(Name of Partnership)

**DOCUMENT NUMBER:** A01000001570  
A01000001569  
A01000001568

The enclosed Statement of Dissolution for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy J. Ansley

(Name of Person)

Aerospace Finance Corp.

(Firm/Company)

1680 Michigan Avenue, PH-1

(Address)

Miami Beach, Fl 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy J. Ansley

(Name of Person)

at ( 305 ) 534-5004

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E070 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2007

NANCY J. ANSLEY  
AEROSPACE FINANCE CORP.  
1680 MICHIGAN AVENUE, PH-1  
MIAMI BEACH, FL 33139

SUBJECT: SENIOR LIVING OF CORPUS CHRISTI, LTD.  
Ref. Number: A01000001570

We have received your document for SENIOR LIVING OF CORPUS CHRISTI, LTD. and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a general partnership, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

There is a balance due of \$18.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 107A00062976

**CERTIFICATE OF DISSOLUTION  
FOR**

Senior Living of Corpus Christi, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 11/29/01, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

The partnership has dissolved and is winding up its business.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** 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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Nancy J. Andy, Pres.  
Senior Living Corpus Christi, Inc. GP

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75

2007 NOV 16 PM 4: 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**