HISTOWN 35'

(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



300096438233

04/13/07--01014--019 **\$2.50

NATIONAL CHURCH RESIDENCES

2335 North Bank Drive, Columbus, OH 43220 (614) 451-2151 Fax (614) 451-0351 www.ncr.org

August 15, 2007

Tami Cline Divisions of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Re: Dissolution Papers

Ms. Cline:

Enclosed please find the following updated dissolution papers for Magnolia Pointe Senior Housing LP, Silver Palms Senior Housing LP, and Silver Palms Housing LP. There was a mistake with the effective date, which I have now left as the date of filing on all three mitties. I have also attached the previous dissolution paperwork that was returned. If you have any questions, please feel free to contact me. Thank you.

Sincerely,

Angel Cahill

Development Paralegal National Church Residences

mex Cell

2335 North Bank Drive

Columbus, OH 43220

Enclosure



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2007

JOSEPH KASBERG 2335 NORTH BANK DRIVE COLUMBUS, OH 43220

SUBJECT: SILVER PALMS SENIOR HOUSING LIMITED PARTNERSHIP

Ref. Number: A05000002257

We have received your document for SILVER PALMS SENIOR HOUSING LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 407A00025760

COVER LETTER

TO: Registration Section **Division of Corporations**

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: Silver Palms Senior Housing Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Joseph R. K	ashera					
(Contact Person)						
National Chu	urch Residence	es				
	(Firm/Company)		_			
2335 North I						
	(Address)		_			
Columbus, C	OH 43220				700 75 75	
·)	_		ECH ECH		
For further information Angel Cahill	tion concerning this m	atter, please call		3-3712	2007 AUG 16 PH 1:30 SECRETARY OF STATE TALLAHASSEE.FLORID	
(Name of Contact Person)		\ <u></u>	—/ <u> — </u>	aytime Telephone	Number	
Enclosed is a check	for the following amo	ount:			RILLA	2
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filir and Certified C		S113.75 Filing Certified Copy Certificate of S	, and	
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				

P. O. Box 6327

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

Silver Palms Senior Housing Limited Partnership

Certified Copy (optional):

Certificate of Status (optional):

(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 December 20, 2005 ____, hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) Decided not to move forward with business opportunity. **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 Department of State.) Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: Filing Fee: \$52.50

\$52,50

\$8.75