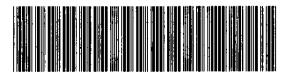
A0900000127

(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:				
Special instructions to Filing Officer.				

Office Use Only



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SECONDIVENSE FLORID.



December 18, 2009

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

RE: Broward Apartments Associates, LP Dissolution

Dear Sir/Madame:

Enclosed please find the Certificate of Dissolution for Broward Apartments Associates, LP. Also enclosed is our check in the amount of \$52.50 for the filing fee.

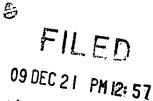
Please contact me at (410) 685-0936 if you have any questions.

Patty Howard

COVER LETTER

TO: Registration	Section Corporations			
Division of	Corporations			
SUBJECT:	Broward Apartments A			
(Name of	f Florida Limited Partnersh	ip or Limited Liabilit	y Limited Partnership)	
The enclosed Certif	icate of Dissolution ar	nd fee(s) are subm	itted for filing.	
Please return all con	respondence concerni	ng this matter to:		
Patty Howard	· ,			
	(Contact Person)			
Chesapeake Communit	y Advisors, Inc.		_	
	(Firm/Company)			
33 South Gay Street, Se	uite 200			
	(Address)		•	
Baltimore, Maryland 2	1202		•	
	(City, State and Zip Code)		• ,	
For further informa	tion concerning this m	atter, please call:		
Patty Howard		at (_ ⁴¹⁰) 685-0936	
(Name of Con	tact Person)	(Area Code	and Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
■ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		
STREET ADDRE	SS:	MAIL	ING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations			Division of Corporations	
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		i ailaha	assee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR



Broward Apartments Associates, LP	TALLAHASSEE, FLORIDA
(Name of Florida Limited Partnership or Limited Lia	ability 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 October 20, 2009 __, assigned Florida document number A09000000727 nereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) We resolved to dissolve our Company. **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.:

Filing Fee:

\$52.50

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75