

A13260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

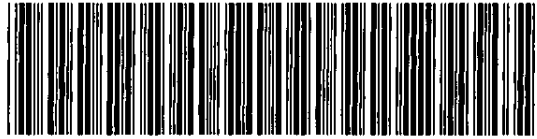
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB -8 AM 11:57



Apartment Investment and Management Company

February 7, 2008

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

VIA OVERNIGHT MAIL

Re: Cancellation/Withdrawal Filings

Dear Ladies and Gentlemen:

Enclosed for filing are an original and one copy of a Cancellation or Withdrawal filings for the entities listed below. Also enclosed are checks in the amount of \$52.50 each to cover the filing fees.

1. Century Properties Fund XVI, Ltd. – A12631
2. Century Properties Fund XVII, Ltd. – A12752
3. Consolidated Capital Growth Fund, Ltd. – A06338
4. Consolidated Capital Properties IV Limited Partnership – B95000000437
5. Davidson Growth Plus, L.P. Limited Partnership – B93000000382
6. JMA Equities, L.P. Limited Partnership – A33573
7. Monaco Arms Associates I, Ltd. – A13254
8. Monaco Arms Associates I, Ltd. – A13260

Please return a file-stamped copy of each of these documents. If there are any questions or additional information is required, please feel free to contact me at (303) 757-8101 ext. 4389. Thank you for your assistance.

Sincerely,

*Melanie A. Vicknair*

Melanie A. Vicknair  
Corporate Paralegal

/mv  
Enclosures

cc: Debra McDonald

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONACO ARMS ASSOCIATES II, LTD. (Document No. A13260)  
(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:

Melanie A. Vicknair

(Contact Person)

Apartment Investment and Management Company

(Firm/Company)

4582 South Ulster Street Parkway, Suite 1100

(Address)

Denver, CO 80237

(City, State and Zip Code)

For further information concerning this matter, please call:

Melanie Vicknair

(Name of Contact Person)

at ( 303 ) 691-4389

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**CERTIFICATE OF DISSOLUTION  
FOR**

**MONACO ARMS ASSOCIATES II, 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 October 4, 1982, hereby submits this Certificate of Dissolution.

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

The events for dissolution that are specified in the partnership agreement have occurred.

**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.:

The National Housing Partnership, General Partner  
By: National Corporation for Housing Partnerships,  
its General Partner

By: Melanie A. Vicknair  
Melanie A. Vicknair, Assistant Secretary

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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