

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)078-5368

## DISS/TERM/CANCEL/REV OF LP/LLP SUGARTREE APARTMENTS II, LTD.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$52.50 |

Filing Menu

Corporate Filing Menu

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G. MCLEOD

DEC 23 2010

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Division of              | a Section<br>Corporations  |   |  |  |  |
|---|--|---|--|--|--|
| SUBJECT: Sugarti                          | ee Apartments II, Ltd.   |   |  |  |  |
|   | of Florida Limited Parmer  | ship or Limited Liability                 | Limited Partnership)   |  |  |
| The enclosed State                        | ment of Termination a  | nd fee(s) are submitte                    | d for filing.  |  |  |
| Please return all co                      | rrespondence concerni  | ng this matter to:                        |  |  |  |
| Michelie La Pelle                         |  |   |  |  |  |
|   | (Contact Person)   | ,,  |  |  |  |
| Equity Residential                        |  |   |  |  |  |
|   | (Firm/Company)   |   |  |  |  |
| Two North Riverside I                     | والمتناث فللمستخرج والمستخرج والمستخر والمستخرج والمستخرج والمستخرج والمستخرج والمستخرج والمستخر |   |  |  |  |
|   | (Address)  |   |  |  |  |
| Chicago, IL 60606                         |  |   |  |  |  |
|   | (City, State and Zip Code)   |   |  |  |  |
| For further informa                       | ation concerning this m  | atter, please call:                       |  |  |  |
| Michelle La Pelle                         |  | at (312 ) 92                              | 8-8463   |  |  |
|   | Contact Person)  |   | Daytime Telephone Number)  |  |  |
| Enclosed is a check                       | for the following amo  | unt:                                      |  |  |  |
| \$52.50 Filing Fee                        | S61.25 Filing Fee<br>and Certificate of<br>Status  | \$105.00 Filing Fee<br>and Certified Copy | \$113.75 Filing Fee,<br>Cartified Copy, and<br>Certificate of Status |  |  |
| STREET ADDRE                              | SS:  | MAILING                                   | ADDRESS:   |  |  |
| Registration Section Registration Section |  | <del></del> -                             |  |  |  |
| Division of Corpora                       | etions   | Division of                               | Corporations   |  |  |
| Clifton Building                          |  | P. O. Box 6327                            |  |  |  |
| 2661 Executive Cer                        |  | <u>Tallahasse</u>                         | FL 32314   |  |  |
| Taliahaccaa ET 22                         | 301  |   |  |  |  |

## STATEMENT OF TERMINATION FOR

|  | gartree Apartma              |                         |               |   |                     |  |
|--|------------------------------|-------------------------|---------------|---|---------------------|--|
| (Name of Florida Limited P   | artnership or Li             | mited Liability Limited | Partnership)  |   |                     |  |
| Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 3/2: Statement of Termination. | ed partnershi                | p, whose certificate    |               | ı the                                     |                     |  |
| The limited partnership or limited lits affairs and wishes to file a stater  |                              |                         | ompleted wind | ling up                                   |                     |  |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.:   | or the person                | appointed pursuant      | to            |   |                     |  |
| Sae Attached   |                              |                         |               | -   |                     |  |
|  |                              |                         |               | -   | ٠                   |  |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):   | \$52.50<br>\$52.50<br>\$8.75 |                         |               | SEGRETARY OF STATE<br>ALLAHASSEE, FLORID, | 10 DEC 22 PH 12: 06 |  |

EQUITY RESIDENTIAL,

a Maryland real estate investment trust

Name: Michelle La Pelle Title: Assistant Secretary

LEXFORD GP II, LLC,

a Delaware limited liability company

Ву:

Lexford Properties, L.P., an Ohlo timited partnership, its member and manager

Ву:

Lexford Partners, L.L.C., an Ohio limited liability company,

its general partner

By:

ERP Operating Limited Partnership, an Illinois limited partnership, its member

By:

Equity Residential, a Maryland real estate investment trust, its general partner

Ву:

Name: Michelle La Pello Assistant Secretary Title: