

A 19100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

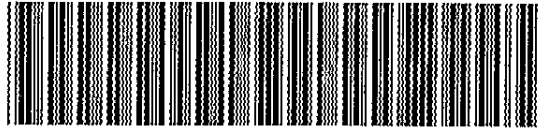
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUN 16 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



June 10, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Re: Sky Pines Apartments, Ltd.
Document No. A19100**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

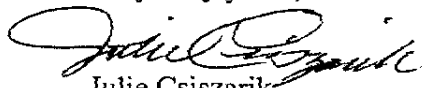
Enclosed please find Certificate of Cancellation for the above referenced limited partnership to be filed with your office along with a check in the amount of \$52.50 representing the required filing fee.

Please forward an acknowledgment to my attention at the address listed below and feel free to contact me at 614-759-1566, ext. 5029 if there are any questions regarding this request.

Julie Csiszarik
Equity Residential, Lexford Division
6954 Americana Parkway
Reynoldsburg, OH 43068

Thank you for your assistance in handling this matter.

Very truly yours,


Julie Csiszarik
Administrative Assistant

/jc
Enc. (2)

CERTIFICATE OF CANCELLATION
FOR

SKY PINES APARTMENTS, LTD.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on February 11, 1985 hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

The real estate and apartment development owned by the limited partnership have been sold.

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SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

Lexford GP, L.L.C.,
General Partner

By: 

Tamra L. Potts, Vice President
and Manager