

A 22093

(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



500136722795

10/14/08--01037--016 **52.50

FILED

03 OCT 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 15 2008

EXAMINER

A 22093

AIMCO

Apartment Investment and Management Company

October 1, 2008

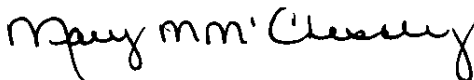
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3, LTD. (A22093)

Dear Ladies and Gentlemen:

Enclosed for filing is an original and one copy of a Notice of Cancellation for Foreign Limited Partnership for Withdrawal of Authority to Transact Business in Florida for the above named entities. Also enclosed is a check in the amount of \$52.50 in payment of the filing fee. Please return a file-stamped copy in the enclosed self-addressed, postage-paid envelope. If there are any questions or additional information is required, please feel free to contact me at (303) 757-8101 ext. 4354. Thank you for your assistance.

Sincerely,



Mary M. McChesney
Corporate Paralegal

/mmm

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 11, AM 11:10

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3,LTD.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary McChesney

(Contact Person)

CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3,I

(Firm/Company)

4582 S. Ulster St., Pkwy., Suite 1100

(Address)

Denver, CO 80237

(City, State and Zip Code)

For further information concerning this matter, please call:

Mary M. McChesney at (303) 691-4354

(Name of Contact Person)

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 14 AM 11:10

FILED

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

CONSOLIDATED CAPITAL INSTITUTIONAL PROPERTIES/3,LTD.

(Name of limited partnership or limited liability limited partnership)

CALIFORNIA

(Jurisdiction of formation)

02/24/1986

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 14 AM 11:10

FILED

Signature of a general partner:

mm. Cherry

Typed or printed name:

CONCAP EQUITIES, INC., its general partner
By: M. McChesnev. Asst. Sec.

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