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SECRETARY OF STATEMENT OF STATEMENT OF CORFORATIONS



COVER LETTER

TO: Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: Lake City Shopping Center Investment Limited Partnership

(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:

Rosemary V					
(Contact Person)					
Prudential Real Estate Investors		estors			
(Firm/Company)					
Two Ravinia Drive, Suite 400		00			
(Address)					
Atlanta, Georgia 30346-2104					
(City, State and Zip Code))		200	OIVI SE
For further information concerning this matter, please call:				2006 SEP 15	CRE TA
Rosemary Van Arsdale at (770			1-3000		2083 2083 2083 2083
(Name of Con	tact Person)	(Area Code and L	aytime Telephone Numbe)T	985 188
Enclosed is a check for the following amount:		ount:		12: 45	ATE OF THE
\$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	Ţ.	IONS E
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			

Tallahassee, FL 32314

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

Lake City Shopping Center Investment Limited Partnership (Name of limited partnership or limited liability limited partnership)

Delaware	
(1)	urisdiction of formation)
December 17, 1986	
(Date author	ized to transact business in Florida)
	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: e than 90 days after the date this document is filed by the Florida
Signature of a general partner:	
Typed or printed name:	
John A. Rose, Vice President, TMV	V Investments, Inc., general partner
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75