A96000002327

| (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: | | | | | | |
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Office Use Only



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J. SAULSBERRY EXAMINER

JUN 7 2011

COVER LETTER

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| | Registration Division of (| Section Corporations | | | | | |
|--------------------------|--|---|----------|-------------------------------|--------|--|-------------------|
| SUBJE | | Orlando Developi Florida Limited Partnersh | | | ty Lir | mited Partnership) | |
| The end | losed Certif | icate of Dissolution an | nd fee(s |) are subm | itted | l for filing. | |
| Please r | eturn all cor | respondence concerni | ng this | matter to: | | | |
| Lisa A. L | .orenzo, Lega | ıl Assistant | | | | IAGO. | 20 |
| | <u>, </u> | (Contact Person) | | | _ | SS | Ξ |
| Associat | ed Estates | | | | | 麦哥 | 2011 JUN -3 PM 1: |
| 710000101 | OG ESIGIOS | (Firm/Company) | | - | - | SS | ြံ |
| | | | | | | | P |
| 1 AEC F | arkway | (444) | | | _ | E'S | - |
| | | (Address) | | | | R.A. | ** |
| Richmor | nd Heights, O | hio 44143 | | | | | 9 |
| | (| (City, State and Zip Code) | | | _ | | |
| | | | | | | | |
| For furt | her informat | ion concerning this ma | atter, p | lease call: | | | |
| Lisa A. L | orenzo | | at (| 216 |) 79 | 97-8745 | |
| | (Name of Cont | act Person) | | (Area Code | and | Daytime Telephone Number | <u>')</u> |
| Enclose | d is a check | for the following amo | unt: | | | | |
| ☑ \$ 52.50 | Filing Fee | \$61.25 Filing Fee and Certificate of Status | | 05.00 Filing Certified Cop | | \$113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| STREE | T ADDRES | SS: | | MAII. | ING | ADDRESS: | |
| Registration Section | | | | Registration Section | | | |
| Division of Corporations | | | | Division of Corporations | | | |
| Clifton Building | | | | P. O. Box 6327 | | | |
| | ecutive Cen | | | Tallaha | assee | e, FL 32314 | |
| Tallahas | see, FL 323 | 301 | | | | | |

CERTIFICATE OF DISSOLUTION FOR

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| MIG/Orlando Development | , Ltd. Partnership or Limited Liability Limited | l Partnershin) |
|--|--|------------------------------|
| (Name of Florida Limited F | rathership of Limited Liability Limited | i Partnership) |
| Pursuant to the provisions of section | | |
| partnership or limited liability limi | • | |
| Florida Department of State on 12 | | , assigned Florida |
| document number A96000002327 | , hereby submits this C | Certificate of |
| Dissolution. | | |
| FIRST: Reason for dissolution: (| State why partnership is submitti | ng dissolution) |
| Partnership has ceased doing busines | s and wound up its affairs. | |
| | | |
| | | |
| | | |
| | | |
| | | Sign F |
| | | HASSEE |
| SECOND: A Notice of Disse | | £ ± |
| (Check box if atta | iched.) | To A |
| | | 97 - |
| THIRD: Effective date, if other than the | date of filing: | |
| (Effective date cannot be prior to nor mor Department of State.) | e than 90 days after the date this docun | nent is filed by the Florida |
| Signatures of each general partner | or the person appointed pursuant | to |
| s. 620.1803(3) or (4), F.S.: | | |
| AERC of Florida, Inc., | | |
| General Partner | | |
| By alle Vin Hickory | | |
| 1 and 1 million | | |
| Bradley A. Van Auken, VP/Sec | retary | |
| Filing Foo. | | |
| Filing Fee: | \$52.50 \$53.50 | |
| Certified Copy (optional): | \$52.50 \$9.75 | |
| Certificate of Status (optional): | \$8.75 | |

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: MIG/Orlando Development, Ltd. Description of information that must be included in a claim: Name of claimant Basis of claim Date on which claim arose Amount of claim Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Attn: Legal Department 1 AEC Parkway Richmond Heights, Ohio 44143 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity AERC of Florida, Inc., General Partner By Bradley A. Van Auken, VP/Secretary Printed Name

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.