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SECRETARY OF STATE

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COVER LETTER

Registration Section TO: Division of Corporations SUBJECT: DISSOLUTION OF EPOCH FL CAPITAL CALYPSO CAY APARTEMENTS, LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: GREG JACOBY (Contact Person) **EPOCH PROPERTIES, INC** (Firm/Company) 359 CAROLINA AVENUE (Address) WINTER PARK, FL 32789 (City, State and Zip Code) For further information concerning this matter, please call: **GREG JACOBY** (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee S61.25 Filing Fee \$105.00 Filing Fee 🔲 \$113.75 Fiរីជា and Certificate of and Certified Copy Certified Copy after Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section Division of Corporations Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

EPOCH FLORIDA CAPITAL CALYPSO CAY APARTMENTS, LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

(Name of Florida Limi	ted Partnership of Limited Liability Limited Partner	ship)
partnership or limited liability I	ection 620.1203, Florida Statutes, this Florid limited partnership, whose certificate was fi 06/30/1997, hereb	iled with the
FIRST: Reason for dissolution	n: (State why partnership is submitting diss	solution)
Only asset was	sold.	
7	· · · · · · · · · · · · · · · · · · ·	
SECOND: A Notice of Di (Check box if a		
	more than 90 days after the date this document is fi	
Signatures of each general parts s. 620.1803(3) or (4), F.S.:	ner or the person appointed pursuant to	JAN -3 RETARY RHASSE
		OF STATE
Filing Fee:	\$52.50	— —

\$52.50

Certified Copy (optional): 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:

EPOCH FLORIDA CAPITAL CALYPSO CAY APARTMENT	 TS, '	LTÞ
Description of information that must be included in a claim:		
		·
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	SECRET	NVF 9002
EPOCH PROPERTIES, INC	SRY SE	3
359 CAROLINA AVENUE	5 40 S 40	ס
WINTER PARK, FL 32789	ATE	0.7
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commence 4 years after the filing of the notice.		—— hin
Signature of a general partner or a principal of the successor entity:		
GREG JACOBY		
Printed Name Signature		
Fee: No charge if included with Certificate of Dissolution. If filed separate \$52.50.	ly,	