A9800001761

00789-00624-00671	form to diss up.
(Requestor's Name)	
(Address)	700062054047
(Address)	700063951917
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name) (Document Number)	01/18/0601062006 **52
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Repeated to Filing Officer: Repeated to Filing Officer:	
	06 FEB -3 AM
Office Use Only	500

**52.50

M. HODGES



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2006

CATHY LEWIS KLINGBEIL CAPITAL MANAGEMENT 205 COUNTY ROAD H ELKHORN, WI 53121

SUBJECT: VICTORIA POINTE VENTURE LIMITED PARTNERSHIP

Ref. Number: A98000001761

We have received your document for VICTORIA POINTE VENTURE LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed are the proper forms to dissolve this Limited Partnership. The termination submitted is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 006A00005417

Michelle Hodges Document Specialist

COVER LETTER

TO: Registration Division of C				
	ria Pointe Venture L Florida Limited Partnershi			ited Partnership)
The enclosed Certifi	cate of Dissolution an	d fee(s) are sub	mitted :	for filing.
Please return all corn	respondence concernin	ng this matter to	:	
Catherine L. Le			_	
	(Contact Person)			
Klingbeil Capit	al Management			
	(Firm/Company)		_	
205 County Ro	ad H			
	(Address)			
Elkhorn, WI 5	3121			
	City, State and Zip Code)		_=	
For further informati	on concerning this ma	itter, please call	:	
Catherine L. Lew	ris	at (262)	723-8331, Ext. 1
(Name of Cont	act Person)		de and D	aytime Telephone Number)
Enclosed is a check	for the following amo	unt: SUBMIT	TED F	PREVIOUSLY
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certified C		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAI	LING A	ADDRESS:
Registration Section				Section
Division of Corporat	ions			Corporations
Clifton Building			Box 63	
2661 Executive Cent		Talla	nassee,	FL 32314

CERTIFICATE OF DISSOLUTION FOR

Victoria Pointe Venture I	imited Partnership
(Name of Florida Limited Partne	rship or Limited Liability Limited Partnership)
	0.1203, Florida Statutes, this Florida limited artnership, whose certificate was filed with the 23/1998, hereby submits this
FIRST: Reason for dissolution: (State	why partnership is submitting dissolution)
Sale of all of partnership's Florida	assets.
SECOND: A Notice of Dissolutio (Check box if attached	-
THIRD: Effective date, if other than the date of	f filing:
(Effective date cannot be prior to nor more than Department of State.)	90 days after the date this document is filed by the Florida
Signatures of each general partner or the s. 620.1803(3) or (4), F.S.: Klingbeil Multifamily Fund V, L.P. by KMF V Associates, LLC by AAC	•
	n.
George R. Nickerson, Vice Presider	nt
Certified Copy (optional): \$5	2.50 2.50 .75