

A 99000001761

DAVIS SONS  
Requester Name  
5700 SW 34th St Ste 1307  
Address  
Gainesville FL 32608  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ESSEX PLACE OF KISSIMMEE LTD A99-1761  
(Corporation Name) (Document #)

000003132000--5  
-02/11/00--01008--009  
\*\*\*\*105.00 \*\*\*\*105.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 FEB 11 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**DAVIS HERITAGE LTD.**

February 8, 2000

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Essex Place of Kissimmee Ltd.

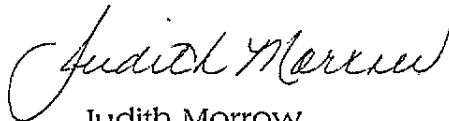
Enclosed is a Certificate of Cancellation for the referenced limited partnership.

Also attached is our check in the amount of \$105.00 to cover cancellation of same.

Please provide a certified copy of the cancellation to Judith Morrow at the address listed below. Should you have any questions I may be reached at (352) 375-8182.

Thank you for your assistance.

Sincerely,



Judith Morrow  
Adm. Assistant

/jm

enc.

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TALLAHASSEE FLORIDA

**CERTIFICATE OF CANCELLATION  
FOR**

ESSEX PLACE OF KISSIMMEE LTD.

(Insert name currently on file with Florida Dept. of State)

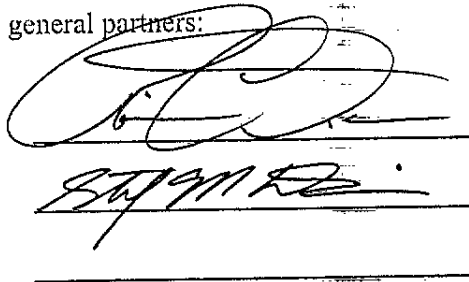
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on October 27, 1999 hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

Development was not approved by funding agency

**SECOND:** This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signatures of all general partners:

  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA