Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name

: BROAD AND CASSEL (ORLANDO)

Account Number: I19980000090

(407)839-4200

Phone

Fax Number

: (407)839-4264

DISS/TERM/CANCEL/REV OF LP/LLP PARAMOUNT LAKE EOLA, L.P.

Certificate of Status	1
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Page Count	02
Estimated Charge	\$113,75

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Paran	nount Lake Eo	la. L.P.			
	oreign Limited Partnership		Limited Pa	rtnership)	
The enclosed Notice of Cancellation and fee(s) are submitted for filing.					
Please return all corre	spondence concerning	g this matter to:			
Peter A. Scho	emann, P.A.				
	(Contact Person)				
Broad and Cass		· · · · · · · · · · · · · · · · · · ·			
000 N	(Firm/Company)	0 11 1100		·	
390 North Ora	inge Avenue,	Suite 1400			
	(Address)				
Orlando, Florid	da 32801				
(C	ity, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
For further information	n concerning this mat	ter, please call:			
Peter A. Scho	emann, P.A.	at (407	839-4	200	
(Name of Contac	t Person)	(Area Code	and Daytime	Telephone Number)	
Enclosed is a check for	or the following amou	nt:			
S52,50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Piling and Certified Copy	∕ Cer	\$113.75 Filling Pec, tiffied Copy, and tifficate of Status	
STREET ADDRESS	:	MAILI	NG ADDI	RESS:	
Registration Section		Registration Section			
Division of Corporation	ons	Division of Corporations			
Clifton Building	- C:1-	P. O. Box 6327 Tallahassee, FL 32314			
2661 Executive Cente Tallahassee, FL 3230		Tallahai	isee, FL 3	2314	

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Paramount Lake Eola, L.P.				
(Name of foreign limite B05000000219	ed partnership or limited liability limited partnership)		
(Florida Documen	t Number of the Foreign LP or LLLP)			
Delaware				
(Ju	risdiction of formation)			
May 23, 2005				
(Date authoris	zed to transact business in Florida)			
	imited liability limited partnership is no lon wishes to cancel its certificate of authority p			
This entity appoints the Florida Deprights of action arising out of the tra	artment of State as its agent for service of pusaction of business in this state.	rocess for		
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: December 31, 2015 than 90 days after the date this document is filed by	the Florida		
requirements, this date will not be list Department of State's records,	block does not meet the applicable statutory sted as the document's effective date on the			
Signature of a general partner:		_	23	
Typed or printed name:			2015	Restme
Samuel C. Siephens, III, Executive Vice President of LAKE EQL	A Condos, Iro., Ils Managor	<u>≯</u> in:	DEC	tanta y
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	ARY OF STA ASSEE FLORI	21 M 8:	1