

B92000000055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 27 P 2:41

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AIMCO

Apartment Investment and Management Company

December 24, 2007

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

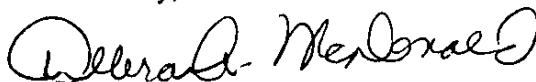
Re: Oakhaven Apartments, Limited Partnership
ID Number: B92000000055

Dear Ladies and Gentlemen:

Enclosed is a Notice of Cancellation for Foreign Limited Partnership or Limited Liability Partnership, in duplicate, for Oakhaven Apartments, Limited Partnership. ("Cancellation".) Also enclosed is a check in the amount of \$52.50 in payment of the filing fee.

Please return a file stamped copy of the Cancellation to me in the enclosed postage-paid self-addressed envelope. Feel free to contact me at 303-691-4353 if any additional information is needed. Thank you for your assistance.

Sincerely,



Debra A. McDonald
Corporate Paralegal

/dm
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKHAVEN APARTMENTS, LIMITED PARTNERSHIP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEBRA MCDONALD

(Contact Person)

AIMCO

(Firm/Company)

4582 S ULSTER ST PKWY STE 1100

(Address)

DENVER CO 80237

(City, State and Zip Code)

For further information concerning this matter, please call:

DEBRA MCDONALD

(Name of Contact Person)

at (303) 691-4353

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 DEC 27 P 2:11

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

OAKHAVEN APARTMENTS, LIMITED PARTNERSHIP

(Name of limited partnership or limited liability limited partnership)

MISSISSIPPI

(Jurisdiction of formation)

DECEMBER 16, 1992

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:
OAKHAVEN APARTMENTS, LIMITED PARTNERSHIP,
BY: NATIONAL CORPORATE TAX CREDIT INC., GENERAL PARTNER
BY: Debra A. McDonald

Typed or printed name:

DEBRA A. MCDONALD, ASST. SEC.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE FLORIDA