<u>89700000282</u>

| (Requestor's Name) | | | |
|---------------------------|-------------------|-------------|--|
| (Add | dress) | | |
| - (Ado | dress) | | |
| (City | //State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| <u>}</u> (Bus | siness Entity Nar | me) | |
| (Doc | cument Number) | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to F | Filing Officer: | | |
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SECRETARY OF STATE DIVISION OF COST TO ALLOW

06/13/07--01005--009



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2007

DENISE JONES 7901 SOUTHPARK PLAZA STE 107 LITTLETON, CO 80120

SUBJECT: CAPITAL PREFERRED YIELD FUND-IV, L.P.

Ref. Number: B9700000282

There is a balance due of \$17.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod Document Specialist

Letter Number: 107A00037388

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: CAPITAL PREFERRED | YIELD FUND-IV, L.P. |
| | (Name of Corporation) |
| DOCUMENT NUMBER: B970000002 | 2.82 |
| The enclosed withdrawal application and f | fee are submitted for filing. |
| Please return all correspondence concerning matter to the following: | ; this |
| Denise Jones | |
| | (Name of Person) |
| Capital Preferred Yield Fund- | IV, L.P. |
| : | (Firm/Company) |
| 7901 Southpark Plaza, Suite # | ‡ 107 |
| | (Address) |
| Littleton, CO 80120 | |
| | ity/State and Zip code) |
| For further information concerning this matter | er please call |
| Denise Jones | 202 269 6550 |
| (Name of Person) | at (303) 268-6550 (Area Code & Daytime Telephone Number) |
| (Nume of Ferson) | (Med Code & Baytime Telephone Number) |
| STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
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| 2001 Sou dears Haga, 321 | #10% |
| | to the rest of the same of |

COVER LETTER

| TO: | | | Section Corporation: | s | | |
|--------------------------------------|------------|----------------|-------------------------------------|-----------------------------|--|--|
| SUBJ | ECT: | Cas Name of | Florida Limit | PreFe ed Partnershi | erred Yi p or Limited Liability L | eld Fund-IV, L.P. imited Partnership) |
| The en | closed | Certif | icate of Diss | solution an | d fee(s) are submitte | d for filing. |
| Please | return | all cor | respondence | e concernir | ng this matter to: | |
| Dei | nis | <u> </u> | One S (Contact I | Person) | | |
| | | | | red Y | ield Fund- | IV, L.P. |
| 790 | <u> S</u> | lt no | npark (Addr | Plaza ess) | # 107 | |
| L;+ | tle- | ton | CO (City, State an | 80120 d Zip Code) | <u>-</u> | |
| For fu | rther in | ıformat | ion concern | ing this ma | atter, please call: | |
| De | | | Tone | S | at (303) (Area Code and | 268-6558 I Daytime Telephone Number) |
| Enclos | sed is a | check | for the follo | wing amo | ınt: | |
| ⊠ \$52.5 | 0 Filing | Fee | \$61.25 F and Certific Status | - | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STRE | ET AI | DRES | SS: | | MAILIN | G ADDRESS: |
| STREET ADDRESS: Registration Section | | | | Registration Section | | |
| Division of Corporations | | | | Division of Corporations | | |
| Clifton Building | | | | P. O. Box | • | |
| 2661 Executive Center Circle | | | • | | ee, FL 32314 | |
| Tallah | assee, | FL 32: | 301 | | | |

CERTIFICATE OF DISSOLUTION FOR

| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | |
|--|--|--|
| | | - - |
| John F. Olmsteo | id That I | _ |
| Signatures of each general partner (s. 620.1803(3) or (4), F.S.: | or the person appointed pursuant to | |
| (Effective date cannot be prior to nor mor Department of State.) | e than 90 days after the date this document is filed by the Florida | 1 |
| THIRD: Effective date, if other than the | date of filing: | |
| SECOND: A Notice of Disso (Check box if attack) | | 3 ATTO ATTO ATTO ATTO ATTO ATTO ATTO ATT |
| | | -3 PH |
| State of Flor | | ECRETOR OF |
| No longer Dois | ida Business in the | - 0 - S |
| FIRST: Reason for dissolution: (| State why partnership is submitting dissolution) | |
| partnership or limited liability limit | on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 6-10-1997, hereby submits this | |
| (Name of Florida Limited F | Partnership or Limited Liability Limited Partnership) | _ |