

**B97000000304**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

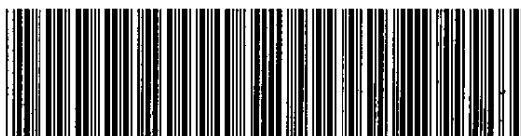
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400158673814**

07/27/09--01020--009 \*\*52.50

FILED  
2009 JUL 27 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**JUL 28 2009**

**EXAMINER**



Equity LifeStyle Properties, Inc.  
Two North Riverside Plaza  
Chicago, Illinois 60606  
(312) 279-1400  
(312) 279-1710 Fax

Direct Dial: (312) 279-1670  
Direct Fax: (312) 279-1671  
E-mail: [lisa\\_currie@mhc homes.com](mailto:lisa_currie@mhc homes.com)

July 22, 2009

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

Re: MHC Club Naples, LLC  
MHC-Lemb GP, LLC  
Lemb II LP  
MHC-Lemb II GP, LLC

Dear Sir or Madam:

Enclosed please find Withdraws of Authority for MHC Club Naples, LLC; MHC-Lemb GP, LLC and MHC-Lemb II GP, LLC in Florida. Also please find check Nos. 921407, 920740 and 921405 for \$25.00 each for payment of the filing fee. Also enclosed is a Cancellation of a Foreign Limited Partnership for Lemb II, LP and check No. 921406 for \$52.50.

Very truly yours,

EQUITY LIFESTYLE PROPERTIES, INC.

Lisa Currie  
Corporate Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lemb II, L.P.  
(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:

LISA CURRIE

(Contact Person)

ELS

(Firm/Company)

TWO N. RIVERSIDE PLAZA, Ste 800

(Address)

CHICAGO IL 60606

(City, State and Zip Code)

For further information concerning this matter, please call:

LISA CURRIE

(Name of Contact Person)

at (312) 279-1670

(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

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

**FILED**

2009 JUL 27 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lemb II, L.P.

(Name of limited partnership or limited liability limited partnership)

DE

(Jurisdiction of formation)

B97000000304

6/17/97

(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: \_\_\_\_\_

Lemb II, L.P.  
By: MHC-Lemb II GP, LLC, its  
general partner  
By: [Signature]

Typed or printed name: \_\_\_\_\_

Ken Krout, Senior VP-legal

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