





February 14, 2001

Florida Secretary of State  
The Capitol  
Plaza Level, Room 2  
Tallahassee, FL 32399-0250

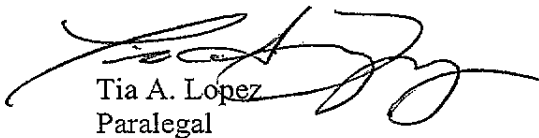
**Re: Certificate Cancellation (Letter Number: 001-A00002597)**  
**Altamonte Springs Affordable Housing Partner, LP**

Dear Filing Officer:

Enclosed please find check no. 1503175 in the amount of \$52.50 to cover your filing fees. In addition we have enclosed your letter dated January 17, 2001 regarding the said cancellation of the said entity.

Thank you for your time and prompt attention to the foregoing. Should you have any questions, please do not hesitate to contact me directly. (562) 256-2033.

Sincerely,

  
Tia A. Lopez  
Paralegal

Encls.

FILED  
01 FEB 20 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 17, 2001

TIA LOPEZ  
320 GOLDEN SHORE, SUITE 200  
LONG BEACH, CA 90802-4217

SUBJECT: ALTAMONTE SPRINGS AFFORDABLE HOUSING PARTNERS,  
LIMITED PARTNERSHIP  
Ref. Number: B99000000007

We have received your document for ALTAMONTE SPRINGS AFFORDABLE HOUSING PARTNERS, LIMITED PARTNERSHIP. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fee to file the cancellation is \$52.50.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 001A00002597

FILED  
01 FEB 20 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION  
FOR**

Altamonte Springs Affordable Housing Partners, LP  
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

Elizabeth K. Mayo

(Signature of a General Partner)

Elizabeth K. Mayo, Secretary/Authorized Officer  
(Typed or Printed name of General Partner Signing Above)

STATE OF California

COUNTY OF Los Angeles

On this 13<sup>th</sup> day of November, 20, 00  
personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_



Seal

Michelle Wilson  
Notary Public Signature

Michelle Wilson  
Notary's Printed Name

My Commission Expires: July 16, 2003

RECEIVED  
01 FEB 26 PM 5:00  
CLERK OF SUPERIOR COURT  
COUNTY OF LOS ANGELES  
CALIFORNIA