

B96000000349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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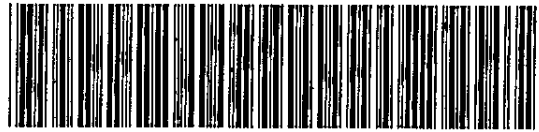
(Business Entity Name)

(Document Number)

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*W. Lobley*

04 MAY 28 PM 3:22  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

NATIONAL FAIRWAYS PARTNERS I, LIMITED PARTNERSHIP  
(CT. DOM.)

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_ B96000000349

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
THERESA ALFIERI 5/25/2004  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
C T CORPORATION SYSTEM  
\_\_\_\_\_  
(Name of Firm/Company)

\_\_\_\_\_  
111 8TH AVENUE - 13TH FLOOR  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
NEW YORK, NEW YORK 10011  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
THERESA ALFIERI (HM) at ( 212 ) 894 - 8516  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

04 MAY 28 PM 3:22  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as Registered  
(Name of Registered Agent)

Agent for NATIONAL FAIRWAYS PARTNERS I, LIMITED PARTNERSHIP (CT. DOM.)

B9600000349  
(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C T CORPORATION SYSTEM



(Signature)

**THERESA ALFIERI  
ASSISTANT SECRETARY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 28 PM 3:22

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**FILING FEE: \$ 87.50**

INHS16(9/98)