A95000000570

- BLANK ROME COMISKY & N Counselors at Lary	IcCauley LLP
1200 North Federal Highway Suite 417 Boca Raton, Florida 33432 Phone: (561) 417-8100 • Fax: (56	() 417-8101
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CORPORATION NAME(S). & DOC	UMENT NUMBER(S), (if known):
(Corporation Name)	(Document#) 400034617049 -11/13/0001120020 *****35.00 ******35.00
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NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other TLEWS JAN 2 2001 Evention's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 22, 2000

MICHAEL H. LEEDS, ESQ. BLANK ROME COMISKY MCCAULEY LLP 1200 N. FEDERAL HIGHWAY, SUITE 417 BOCA RATON, FL 33432

SUBJECT: 3066 NORTH ATLANTIC LIMITED PARTNERSHIP and CHALMONT

ASSOCIATES LIMITED Ref. Number: A95000000570

We have received your document for 3066 NORTH ATLANTIC LIMITED PARTNERSHIP and CHALMONT ASSOCIATES LIMITED and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent from a dissolved limited partnership active or dissolved is \$87.50.

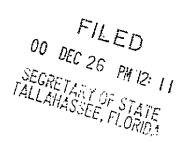
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6905.

Letter Number: 300A00059949

Thelma Lewis
Corporate Specialist Supervisor

RESIGNATION OF REGISTERED AGENT



Pursuant to the pro	ovisions of sections 6			or 617.1509,	
Florida Statutes, th	tatutes, the undersigned, (Name of registered agent)				
hereby resigns as l	Registered Agent for	3066 North At (Na	lantic Limited me of corporation)	<u>Partnership</u>	
A copy of this resi	ignation was mailed t	o the above listed c	orporation at its la	st known address.	
The agency is term this statement is fi	ninated and the office led.	discontinued on the	e 31st day after the	e date on which	
1 <u></u>		gnature of resigning ag	Leads	·	
If signing on beha	If of an entity:				
_	M)	PLAFL H Typed or Printed Name	LEEDS	_ .	
		ATTORNE (Capacity)	y		

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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