KATZ, KUTTER, HAIGLER, ALDERMAN, BRYANT & YON

Orlando Office

Suite 900 111 North Orange Avenue ORLANDO, FL 32801 (407) 841-7100 fax (407) 648-0660

Tallahassee Office

12th Floor 106 East College Avenue TALLAHASSEE, FL 32301 (850) 224-9634 fax (850) 222-0103

Miami Office

Suite 409 2999 NE 191" Street AVENTURA, FL 33180 (305) 932-0996 fax (305) 932-0972 Washington, DC Office

Suite 750 801 Pennsylvania Avenue, NW WASHINGTON D.C. 20004 (202) 393-1132 fax (202) 524-0559

Reply to Tallahassee

E-mail: chris@katzlaw.com

June 28, 2001

*****85.00

VIA HAND DELIVERY

Florida Department of State Division of Corporations Tallahassee, Florida 32314

> Re: Resignation of Registered Agent

Dear Sir or Madam:

We enclose herewith an original and one copy of Resignation of Registered Agent form, along with the filing fee of \$85.00. Please date-stamp one copy and notify our office when the copy can be picked up.

Thank you for your cooperation. If you have any questions, please contact us.

Very truly yours,

CBL:mr

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida	Statutes, the undersigned	2	
Christopher	B. Lunny	, hereby resigns as		
	(Name of Registered Agent)	ASS		
Registered Agent for _	The Gerald C. Marshall Family	Limited Partnership	28	_[n
		田	P	
	(Name of Limited Liability Company)	RIDA	3 : 54	_
A copy of this resignat	ion was mailed to the above listed limited liab	ility company at its last known	addre	ss.
The agency is terminat is filed.	ted and the office discontinued on the 31st da (Signature of resigning agent)	y after the date on which this	statem	ent
If signing on behalf of	an entity:)		
	(Typed or printed name)			-
	(Capacity)		-	

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INHS17(10/99)