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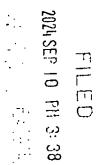
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TO:	Amendment Section Division of Corporations	
CHDI	ECT: ADC EQUITY PARTNERS BAY	YPORT, LTD.
SUBJ	Name of Limited Partne	ership or Limited Liability Limited Partnership
DOC	UMENT NUMBER:	
The e	nclosed Resignation of Registered A	Agent and fee(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to:
Jeffrey	A. Deutch	
_	Contact Person	
Nelsor	Mullins Riley & Scarborough LLP	
	Firm/Company	
1905 N	SW Corporate Boulevard, Suite 310	
	Address	
Boca F	Raton, FL 33431	
	City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·
Jeffrey	.Deutch@nelsonmullins.com	
E	-mail address: (to be used for future annua	l report notification)
For fu	rther information concerning this n	natter, please call:
Jeffrey	A. Deutch	at (561 343-6960
N	ame of Contact Person	Area Code and Daytime Telephone Number
Enclo	sed is a check made payable to the	Florida Department of State for:
□ \$87	7.50 Filing Fee	(\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
Amen Divisi P.O. I	ng Address: dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provi-	isions of section 620.1116, Florida Statutes, the undersigned,	
Jeffrey A. Deutch P.A.	Name of Registered Agent	2 2
	Name of Registered Agent	
Registered Agent for	ADC EQUITY PARTNERS BAYPORT, LTD.	2/1/2
	Name of Limited Partnership or Limited Liability Limited Partnership	
A04000000103		
Florida Documen	nt Number, if known	· ·
the Florida Departn	Signature of Registered Agent	
If signing on behalf	f of an entity:	
	Jeffrey A. Deutch P.A.	
-	Typed or Printed Name	
	President	
-	Capacity	

Filing Fee: \$87.50 Certified Copy (optional): \$52.50