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COVER LETTER

TO:	Amendment Section Division of Corporations		
SHRJ	ECT: ADC CONDO PARTNERS - AS	TOR, LTD.	
00100	Name of Limited Partne	ership or Limited Liab	pility Limited Partnership
DOCU	UMENT NUMBER: A04000001825	5	
The er	nclosed Resignation of Registered /	Agent and fee(s) a	re submitted for filing.
Please	return all correspondence concern	ing this matter to:	
Jeffrey	A. Deutch		
	Contact Person		-
Nelson	Mullins Riley & Scarborough LLP		
<u>-</u>	Firm/Company		-
1905 N	W Corporate Boulevard, Suite 310		
	Address	<u></u>	
Boca R	Raton, FL 33431		
	City, State and Zip Code		_
Jeffrey	.Deutch@nelsonmullins.com		
E-	-mail address: (to be used for future annua	al report notification)	_
For fu	rther information concerning this n	natter, please call:	
Jeffrey	A. Deutch	561 at (343-6960
N:	ame of Contact Person		and Daytime Telephone Number
Enclos	sed is a check made payable to the	Florida Departme	nt of State for:
□ \$87	7.50 Filing Fee	(\$87.50 Filing Fee at	nd \$52.50 Certified Copy Fee)
Ameno Divisio P.O. B	ng Address: dment Section on of Corporations Box 6327 bassee, FL 32314	Ameno Divisio The Co 2415 N	Address: dment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

RESIGNATION OF REGISTERED AGENT LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the prov	isions of section 620.1116, Florida Statutes, the under	rsigned.
Jeffrey A. Deutch P.A	. .	, hereby resigns as
	Name of Registered Agent	, weren'y reing.m m
Registered Agent fo	ADC CONDO PARTNERS - ASTOR, LTD.	
registered rigent re	Name of Limited Partnership or Limited Liability Lim	ited Partnership
A04000001825		
Florida Docume	nt Number, if known	2
The agent is terming the Florida Depart	nated on the 31 st day after the date on which this ment of State. Signature of Registered Agent	statement is filed by
If signing on behal	If of an entity:	
	Jeffrey A. Deutch P.A.	
	Typed or Printed Name	
	President	
	Capacity	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50