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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(50	isiness Littly Name	•
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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RARIO ACUS



2001 Bryan Street Suite 3700 Dallas, Texas 75201 (214) 922-8400

April 12, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Resignation of Registered Agent for 7 corporate entities and 28 limited partnership entities

Dear Sir/Madam:

Douglas Hoeksema is resigning as the registered agent for the attached list of 35 entities. In that regard, enclosed are:

- 1) Our Check #5038 in the amount of \$2,695.00 representing \$87.50 for 28 limited partnerships and \$35.00 for 7 corporations; and
- Original & one copy of Resignation of Registered Agent form duly executed by Mr. Hoeksema.

Please file these forms of record and return the file-stamped copy as evidence of filing to my attention at the above address.

Please do not hesitate to call me at 214/922-8460 should the need arise. Thank you for your assistance in this matter.

Sincerely,

Faye Thetford

Transaction Paralegal

Days Thetford

Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Doug1	(Name of Registered Agent)	, hereby resigns as Registered
Agent for	Crow Buena Vista P	ace Limited Partnership
		(Name of Limited Partnership)
		,
A21	256	
(D	ocument Number, if known)	
`	ocument Number, ii known)	
A copy of this	resignation was mailed to the ab	ove listed partnership at its last known address. inued on the 31st day after the date on which this statement is filed.
A copy of this	resignation was mailed to the ab	inued on the 31st day after the date on which this statement is filed.
A copy of this	resignation was mailed to the abterminated and the office discon	inued on the 31st day after the date on which this statement is filed.
A copy of this	resignation was mailed to the abterminated and the office discon	inued on the 31st day after the date on which this statement is filed. All All Selling (Signature)

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