Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000348348 3)))



H220003483483ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

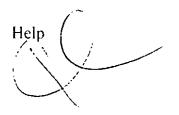
	Division of Co		
	Fax Number	: (850)617-6380	
From:			_
	Account Name	: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO	& BOZARTF
	Account Number	: 076077001702	
	Phone	: (407)841-1200	· _
	Fax Number	: (407)423-1831	(A) Th
			(T)
Enter t	the email addres	s for this business entity to be used for fut	ture $\alpha$
200	ual conont maili	ngs. Enter only one email address please.**	ř

## REGISTERED AGENT RESIGNATION BJP REAL ESTATE PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



To:

(((H22000348348 3)))

## RESIGNATION OF REGISTERED AGENT **FOR**

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provi	sions of section 620.1116, Florida Statutes, the und	ersigned,	
DEAN MEAD SERVI	CES, LLC	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	BJP REAL ESTATE PARTNERSHIP, LTD.		
	Name of Limited Partnership or Limited Liability Li	mited Partnership	
A98000001703			
Florida Documen	t Number, if known		
the Florida Departr	nated on the 31st day after the date on which this ment of State.  Deart Mead Services, DLC  By:  Signature of Registered Agent	s statement is filed by	
If signing on behalf	f of an entity:	<u> </u>	
	Stephen R. Looney	T I AM	
-	Typed or Printed Name	1 <u></u>	
	Vice President of Sole Member	8: 20	
•	Capacity		

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