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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (941) 649-3186
Fax Number : (941) 263-0703

REGISTERED AGENT RESIGNATION

SECTION 20 LAND GROUP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00 \$87.50

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
01 OCT 29

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

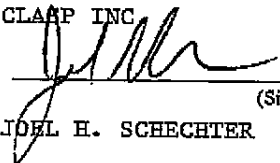
CLASP INC., hereby resigns as Registered
(Name of Registered Agent)

Agent for SECTION 20 LAND GROUP, LTD.

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

BY: CLASP INC.
 PRESIDENT
(Signature)
JOEL H. SCHECHTER

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

INHS16(9/98)

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