A98000002905

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R. Pierre Brown Family Limited Partnership (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
DOCUMENT NUMBER: A98000002905 -	
The enclosed Statement of Dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Trustee Preston Brown	-
(Contact Person)	
(Firm/Company)	-
785 Cole Street (Address)	
San Francisco, CA 94117 (City, State and Zip Code)	
For further information concerning this matter, please call:	
Trustee_Preston Brown at (415) 462-0686 (Name of Contact Person) (Area Code and Daytime Telephone Number)	
\$52.50 Filing Fee \$105.00 Filing Fee and Certified Copy.	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 CR2E118 (01/06) MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER **OF**

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1.	The name of Limited	Partnership	n or Limited	Liability	Limited F	Partnership	is
1.	The name of Limited	1 al allocation	o or Limited	LIGUILLY	Limited	armeromp	ıo.

R. Pierre Brown Family Limited Partnership

2. The name of the dissociating general partner is:

Trustee Patsy Faye Brown

Signature of Dissociating General Partner

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50

