(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
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EXAMINER



700123676977

06/24/08--01029--001 **175.00

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,		
<u>C T CORPO</u>	PRATION SYSTEM (Name of Registered Agent)	, hereby resigns as Registered
Agent for	ZOHOURI MEZZANINE PORTFOLIO,	LP. (GA. DOM.) (05000000373)
	(Name of Limited Partne	ership)

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.

C T CORPORATION SYSTEM

(Signature)

THEREŠA ALFIERI ASSISTANT/SECRETARY

08 JUN 24 PM 12: 08

BECRETARY OF SUNDAMOR

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

FILING FEE: \$87.50

INHS16(9/98)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **PARTNERSHIP**

<u>C I CORPO</u>	RATION SYSTEM , hereby resigns as Registere (Name of Registered Agent)
Agent for	ZOHOURI MEZZANINE PORTFOLIO, LP. (GA. DOM.) (05000000373)
	(Name of Limited Partnership)

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

C T CORPORATION SYSTEM

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

THERESA/ALFIERI ASSISTANT SECRETARY

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)

is filed.