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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

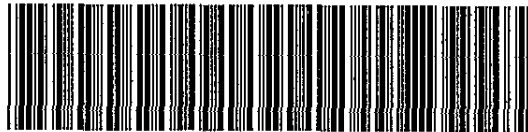
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 3:25



March 1, 2004

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **PEMBROKE CROSSING, LTD.**

Dear Filing Officer:

Enclosed please find a Resignation of Registered Office for a Limited Partnership, for the above referenced name, which is to be filed in your office. Also enclosed is check #6979 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

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DIVISION OF CORPORATIONS
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

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

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

Agent for PEMBROKE CROSSING, 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.

Cheryl Rossiter ASST. VICE-PRESIDENT
(Signature)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
04 MAR - 4 PM 3: 25

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