## B960000000460

| (Requestor's Name)                      |  |  |  |  |
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| ( dailes)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| (Ecoamon Hambo)                         |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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SECRETARY OF STATE
ALLAHASSFE, FIGRE

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## CT CORPORATION SYSTEM

July 18, 2003

RE: MAINGATE HOSPITALITY, L.P.

(DE. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir:

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure SECRETARY OF STATE OF ALLIAHASSEE, FLORE

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

| Pursuant to the         | e provisions of section 620.1051(2), Florida | a Statutes, the undersigned,   |                      |
|-------------------------|--|--------------------------------|----------------------|
| СТ                      | CORPORATION SYSTEM                           | , hereby resigns as F          | Registered           |
|                         | (Name of Registered Agent)                   | -                              |                      |
| Agent for               | MAINGATE HOSPITALITY, L.P.                   | (DE. DOM.) (B960000004         | 60)                  |
|                         | (Name of Limited                             | Partnershin)                   |                      |
|                         | (Amile of Emilieu                            | i maiotaip)                    |                      |
|                         | resignation was mailed to the above listed   | ~ ~                            |                      |
| The agency is is filed. | terminated and the office discontinued on    | the 31st day after the date on | which this statement |
|                         |  |                                | CARE JE T            |
|                         | Thank  | )                              | Z5<br>ASSEI          |
|                         | Cignatur<br>THERESA A                        | LFIERI                         |                      |
|                         | ASSIST/AXT SE                                | CRETARY                        | 当日 二                 |

C T CORPORATION SYSTEM

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

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