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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

COVER LETTER

(Address) Fort Lauderdale, FL 33308 (City/State and Zip Code) For further information concerning this matter, please call: Robert McLean (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Flease return all correspondence concerning this matter to: Robert McLean (Contact Person) L'Ambiance Beach Properties, Inc. (Firm/Company) 4090 N Ocean Boulevard (Address) Fort Lauderdale, FL 33308 (City/State and Zip Code) For further information concerning this matter, please call: Robert McLean (Name of Contact Person) at 954 (Area Code & Daytime Telephone Number)	
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Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\s	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tollohossee, Florida, 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as of State is: Florida Realty Investment		epartment
This limited liability company was organized Florida	l under the laws of:	SECRETARY DIVISION OF CO
3. The Florida document/registration number of L06000075452	f this limited liability company is:	OF STATE OR
_{4. I} , Robert McLean	, hereby resign as a MGRM	
(Print Name of Person Resigning)	(Print Title,)
of this limited liability company and affirm the resignation in writing. Note: The second of the second of this limited liability company and affirm the resignation of this limited liability company and affirm the resignation of this limited liability company and affirm the resignation of this limited liability company and affirm the resignation of this limited liability company and affirm the resignation of the liability company and affirm the liabi	ver Consented to the	a , ,
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Filing Fee: \$25.00 (Required)		
Certified Copy: \$30.00 (Optional)		