2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29252

1. Entity Name

BARTON PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 12 PM 2:59

WL4/15

000833B AT

Principal Place of Business	Mailing Address
% DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO FL 32807	% DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO FL 32807

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-2978871 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MARIO A 225 E. ROBINSON ST., LANDMARK II SUITE 540 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K96880 COHN PROPERTIES, INC. %520 N. SEMORAN BLVD., SUITE 222 ORLANDO FL 32807	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600005289906--3 -04/17/02--01065--011 ****438.75 ****438.75
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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: M. A. Cohn pres. Cohn Prop Inc 4/1/02 407 380 3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #