

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A29252

1. Entity Name
BARTON PARTNERS, LTD.



FILED

04 MAY -4 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

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

GARCIA, MARIO A
ONE SOUTH ORANGE AVENUE, SUITE 401
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

9. Capital Contributions
as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **K96880**
NAME **COHN PROPERTIES, INC.**
STREET ADDRESS **%520 N. SEMORAN BLVD., SUITE 222**
CITY-ST-ZIP **ORLANDO, FL 32807**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

000036931570
05/19/04--01049--022--438.75**

WSP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M. A. Cohn
Marshall S Cohn
pres.

Date

Daytime Phone #

4-30-04 4073803290

STAPLE CHECK HERE