2007 LIMITED PARTNERSHIP ANNUAL REPORT

Apr 30, 2007 08:00 A Secretary of State **Due By May 1, 2007 DOCUMENT # A29252** 1. Entity Name BARTON PARTNERS, LTD. Principal Place of Business Mailing Address % DUNHILL MANAGEMENT CORP. % DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 520 N. SEMORAN BLVD., SUITE 222 ORLANDO, FL 32807 ORLANDO, FL 32807 04252007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2978871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GARCIA, MARIO A DO NOT WRITE 400 N FERNCREEK AVENUE ORLANDO, FL 32803 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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 COHN PROPERTIES, INC. NAME STREET ADDRESS %520 N. SEMORAN BLVD., SUITE 222 CITY-ST-ZIP ORLANDO, FL 32807 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP U00000747674 DOCUMENT # 05/17/07-80035-014 500.00 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED