## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

BARRETT FAMILY PARTNERSHIP IV, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A9500000527

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB - 2 PM 2: 43



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Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record		
300 SOUTH DUNCAN AVENUE	300 SOUTH DUNCAN AVENUE			03/30/1995	<b>6400.00</b>		
CLEARWATER FL 34815	CLEARWATER FL 34815			3a. Date of Last Report		\$100.00	
				12/02/1996	5b. Amou	nt of Capital butions in FLORIDA	
3 Marillan Address	20 District Office Address			4. State or Country of Formation	to dat	6:	
2. Mailing Address 300 South Duncan Avenue	2a. Principal Office Address 300 South Duncan	300 South Duncan Avenue		FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	J ,		
Suite 275 City & State	Suite 275 City & State			59-3298505	Applied For Not Applicable		
Clearwater, FL	*	Clearwater, FL		7. Certificate of Status Desired		····	
Zip Country	Zip	Country			<u>u</u>	\$8.75 Additional Fee Required	
33755 Pinellas	33755	Pinellas	3	8. Make check payable to: Dept. of	State (See rev	erse side for fee information)	
9. Name and Address of Current	Namilatore of America			10. If changed, new Registere			
			10. If changed, new Registered Agent/Office				
LETTELLEIR, JOSEPH T			Cheryl J. Cornelius c/o JB Management, Inc. Street Address (P.O. Box Number is Not Acceptable)				
300 SOUTH DUNCAN AVENUE	Street Address (P.C 300 S. D		s (P.O. Box Duna	D. Box Number is Not Acceptable) Puncan Avenue			
OLCADMATED EL GAOLE Suite		Sulte, Apt. #. e	Apt #, etc. ite 275				
		City	213			7 ip Code	
		Clearw	ater		<u>FL</u>	33755	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or ragent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Fi of section 620,192, Florida Statutes.	orida. Such change	e was autho				
SIGNATURE (Registered Agent Accepting Appointment)	Thend D.	Corner	5	DATE	. 1/15	2/95	
	S A CORPORATION, BE REGISTERED AN	LIMITED F	ARTI		R BÚSII	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
JOHN P. BARRETT, TRUSTEE			CLEA	CLEARWATER FL 34615			
				0000024 -02/06/	4 2 4 1 /9301	.1204 120007 ****141.25	
1				करण-करक 1 च	11.60	*****191.23	
	52.50 9	68.75		dec			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner							

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and acculate that that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as reflucted by chapter 620, Floring Statutes.

P Barrett,