

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 26 PM 1:33

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| 1. Name of Limited Partnership THE BAREFOOT MAILMAN, LIMITED | 1a. DOCUMENT # A08132 |
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| Mailing Address 1061 HILLSBORO MILE HILLSBORO BEACH FL 33362 | Principal Office Address 1061 HILLSBORO MILE HILLSBORO BEACH FL 33362 | 3. Date Formed or Registered 11/14/1979 | 5a. Capital Contributions as Shown on record. \$680,000.00 |
| | | 3a. Date of Last Report 09/27/1996 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 2. Mailing Address | 2a. Principal Office Address | 4. State or Country of Formation FL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number 59-2319112 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| City & State | City & State | 7. Certificate of Status Desired | <input type="checkbox"/> \$9.75 Additional Fee Required |
| Zip Country | Zip Country | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent KONSTEN, J M 1061 HILLSBORO MILE HILLSBORO BEACH FL 33362 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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| 11. Name(s) of General Partner(s) BAREFOOT MANAGEMENT COMPANY | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1061 HILLSBORO MILE | 11b. City, State & Zip Code HILLSBORO BEACH FL | 11c. Registration/Document Number F82380 |
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE J.M. Konsten DATE 9/24/97
 Typed or Printed Name of General Partner Signing Form J.M. KONSTEN Daytime Telephone Number 954-941-0100

CR2E003 (6/97)