FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

98 DEC 14 AM 8: 55

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				- 98 DEC 14 AM 8: 55			
1. Name of Limited Partnership	1a. DOCUI A23556	1a. DOCUMENT # A23556				^{Art} 8: 55	
BARRY REAL ESTATE FUND-I, LTD.							
				0012/18			
Mailing Address	Principal Office Address	-		3. Date Founed or Registered	5a. Capita Show	ni Contributions as n on record.	
40 S.E. 5TH STREET	40 S.E. 5TH STREET			11/10/1986	\$650,000.00		
6TH FLOOR	6TH FLOOR			3a. Date of Last Report	- \$000,000,00		
BOCA RATON FL 33432	NTON FL 33432 BOCA RATON FL 33432			12/15/1997 5b. Ar		nt of Capital buttons in FLORIDA	
				4. State or Country of Formation	Contri to date	butions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number	Applied For Not Applicable		
City & State	City & State			59-2753306			
	710	Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country Zip		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			
0. Name and Address of Co.		·—		10 Kaharasi and Balansi	A		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
BARRY, JAMES A JR. 40 S.E. 5TH STREET, STE. 600			Street Address (P.O. Box Number Is Not Acceptable)				
			Street Audiess (F.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432		Suite, Apt. #, etc.					
	City Zip Code						
for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH)AT IS A CORPORATION	orida. Such chan	ge was autho	orized by its general partner(s). I hereby	accept the ap	pointment of registered	
	UST BE REGISTERED A Address of Each Gen			H THIS OFFICE.	1	Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Document Number	
THE BARROSE CORPORATION 40 SE 5TH STREET #600		600	800	CA RATON FL	J41989		
•				7000027 -12/24/9 ****52		078 01001 ****526.25	
Note: General partners MAY N	OT be changed on this for	rm' an am	endme	nt must be filed to cha	nge a ge	eneral nartner	
12. I do hereby certify that the information supplied to							
Corporations from any liability of non-compliance this annual report is true and accurate and that n	e with Section 119.07(3)(k) in the event that the	information supp	lied is deeme	ed exempt from public access, I further	certify that the	information indicated on	