


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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A31884</b>	
<b>BARRINGER LIMITED PARTNERSHIP</b>		<i>98-AR CM</i>	
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O DOWNS INVESTMENT PROPERTIES, INC. 777 N. HIGHWAY A1A, SUITE 201 INDIALANTIC FL 32903	C/O DOWNS INVESTMENT PROPERTIES, INC. 777 N. HIGHWAY A1A, SUITE 201 INDIALANTIC FL 32903	08/19/1991	\$1,100,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/24/1997	
City & State	City & State	4. State or Country of Formation	
Zip	Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-2902324	
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



#526.25.

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
JONES, RICHARD O. 1250 EAU GALIE BLVD. UNIT J MELBOURNE FL 32935	Name MOSLEY, WALLIS + Whitehead Street Address (P.O. Box Number Is Not Acceptable) 1221 E New Haven Ave Suite, Apt. #, etc. H221 City MELBOURNE FL Zip Code 32901

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

3/27/98

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DOWNS, THOMAS M.	777 N. HIGHWAY A1A, #	INDIALANTIC FL	
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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

DATE

JAN. 22, 1998

Typed or Printed Name of General Partner Signing Form

THOMAS M. DOWNS

Daytime Telephone Number

(407) 725-3000

CR2E003 (6/97)