

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 14 AM 7:50

1. Name of Limited Partnership		1a. DOCUMENT # A31884	
BARRINGER LIMITED PARTNERSHIP		99-AR CM	
Mailing Address	Principal Office Address		
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		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip Country	Zip Country		



526.25

3. Date Formed or Registered 08/19/1991	5a. Capital Contributions as Shown on record \$1,100,000.00
3a. Date of Last Report 03/30/1998	5b. Amount of Capital Contributions in FL OR/DA to Date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-2902324	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
MOSLEY, WALLIS & WHITEHEAD 1221 E. NEW HAVEN AVENUE MELBOURNE FL 32901	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt #, etc.: City: FL Zip Code:

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.

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	
J E B O R D I N G 2 2 0 9 2 3 1 1 1 3 1 0 0 7 2 0 0 0 0 0 1 0 0 0 1 1 0 0 0 0 ****526.25 ****526.25			

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 included 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 *Thomas M. Downs* DATE *1-11-98*
Typed or Printed Name of General Partner Signing Form **THOMAS M DOWNS** Daytime Telephone Number **407 725-3000**

CP2E003 (9/99)