

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A31884**

1. Entity Name  
**BARRINGER LIMITED PARTNERSHIP**

**#141.25**

00 APR -3 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rfy/17*

Principal Place of Business C/O DOWNS INVESTMENT PROPERTIES, INC. 777 N. HIGHWAY A1A, SUITE 201 INDIALANTIC FL 32903	Mailing Address C/O DOWNS INVESTMENT PROPERTIES, INC. 777 N. HIGHWAY A1A, SUITE 201 INDIALANTIC FL 32903-3049
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2902324</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>MOSLEY, WALLIS &amp; WHITEHEAD</b> <b>1221 E. NEW HAVEN AVENUE</b> <b>MELBOURNE FL 32901</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>0</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DOWNS, THOMAS M.</b> <b>777 N. HIGHWAY A1A, #201</b> <b>INDIALANTIC FL</b>	STREET ADDRESS	<b>300003215453--3</b>
		CITY - ST - ZIP	<b>-04/19/00--0110--004</b>
			<b>****141.25 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED **2-200** **321-725-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)