

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 PM 12:30



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|--|---------------------------------|
| 1. Name of Limited Partnership BARRINGTON ASSOCIATES, LTD. | 1a. DOCUMENT # A32692 |
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| Mailing Address 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108 | Principal Office Address 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108 | 3. Date Formed or Registered 03/12/1992 | 5a. Capital Contributions as Shown on record. \$200.00 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip 34108 Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip 34108 Country | 3a. Date of Last Report 12/26/1995 | 5b. Amount of Capital Contributions in FLORIDA to date. \$ 200.00 |
| | | 4. State or Country of Formation FL | 6. FEI Number 65-0317539 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 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 MACKIE, PAMELA S ESQ 5551 RIDGEWOOD DRIVE SUITE 201 NAPLES FL 34108 | 10. If changed, new Registered Agent/Office Name: HELEN ATHAN, ESQ Street Address (P.O. Box Number is Not Acceptable): 5551 RIDGEWOOD DRIVE Suite, Apt. #, etc.: SUITE 501 City: NAPLES FL Zip Code: 34108 |
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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) G. Helen Athan DATE 12-30-96

**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) BARRINGTON CLUB, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5551 RIDGEWOOD DR #20 | 11b. City, State & Zip Code NAPLES FL | 11c. Registration/Document Number S04057 |
| 900002061569--7 -01/17/97--01032--011 *****200.00 *****200.00 | | | |
| KWM / CWS | | | |

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 GERALD F. GRIFFIN DATE 12-30-96
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 941-566-2800

CR2E003 (6/96)