200	2 UNIFO	RM BUSIN	IESS REPO	RT (UBR)					
DOCL	DOCUMENT # A970000 7776 1. Entity Name					FILED				
BARRINEAU ESTATE, LTD.						02 APR 26 AM 11: 29				
5775 BARRINEAU LANE			Mailing Address 5775 BARRINEAU LANE MOLINO FL 32577		SECR TALLA	ETARY OF STATE HASSEE, FLORIDA				
modifier to destri										
2. Principal Place of Business			3. Mailing Address		1 (1881) 1818 (1811) 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/					
Suite, Apt. #, etc. Suite, Apt. #, etc.				. "	DUE BY MAY 1, 2002					
City & State			City & State		4. FEI Numbe	59-3518357	Applied	d For		
Zip			Zip	Country		5. Certificate	of Status Desired	60.75		
6. Name and Address of Current Registered Agent			istered Agent		7. Name and Address of New Registered Agent					
MACKAY	/ \A/II] '	Name	٠				
MACKAY, WILLIAM R 5775 BARRINEAU LANE					Street Address (P.O. Box Number is Not Acceptable)					
MOLINO FL 32577										
				'	City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its re Signature. Noted or printed name of registered agent and title if application.					office or regist	ered agent, or both	i, in the State of Florida.	02	_	
9. Capital Contributions as Shown on record. \$1,012,634.28 In FLORIDA to date					ons	· · · · · · · · · · · · · · · · · · ·	11. MAKE CHECK PAY SEE REVERSE SID	ABLE TO DEPT. OF STA E FOR FEE INFORMATI		
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							ADDRESS CHANGES	<u></u>		
DOCUMENT # NAME	P97000106026 Barrineau est.		STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	5775 BARRINEAU MOLINO FL 3257	J LANE 7		CITY-ST-	ZIP	٠.				
DOCUMENT # NAME					ETADDRESS 6000054500560					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-	ZiP -	600054500560 85/03/0201/158005 ****526.25 .*****526.25				
DOCUMENT # NAME				STREET AL	ODRESS					
STREET ADDRESS CITY-ST-ZIP			,	CITY-ST-	ZIP	1 <u>.</u>	·			
DOCUMENT # NAME	, , , , , , , , , , , , , , , , , , , ,			STREET AC	DRESS					
STREET ADDRESS CITY-ST-ZIP					ZiP		***			
DOCUMENT #		. <u> </u>		STREET AD	DRESS			<u>. </u>		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-2	IIP		". ".		\dashv	
DOCUMENT # NAME				STREET AD	DRESS	<u> </u>		,		
STREET ADDRESS			; ;,,	CITY-ST-Z	_{IP}	-				
CITY-ST-ZIP			* * *	VIII - 31-7	"				- 1	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/02 850-587-5757

Date Dayting Phone #