2000 UNIFORM BUSINESS REPORT (UBR) A98000000007 DOCUMENT # 1. Entity Name FILED BARRINGTON FAMILY HOLDINGS, LTD. 00 JAN 19 PM 12: 12 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 150 E. SAMPLE ROAD. SUITE 200 150 E. SAMPLE ROAD, SUITE 200 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-3550 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0805420 Not Applied. \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSBORNE, R. BRADY JR., ATY Street Address (P.O. Box Number is Not Acceptable) C/O OSBORNE, OSBORNE & DECLAIRE, P.A. 798 SOUTH FEDERAL HIGHWAY, SUITE 100 **BOCA RATON FL 33429** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$8,500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT# STREET ADDRESS BARRINGTON, BRUCE D NAME 4251 NE 23rd Terrace 3100 N.E. 46TH STREET STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-7IP Lighthouse Point FL 33064 DOCUMENT# STREET ADDRESS BARRINGTON, GAYLE M 4251 NE 23rd Terrace 3100 N.E. 46TH STREET STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 33064 CITY-ST-ZIE Lighthouse Point FLDOC! IMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **30000310587**3----01/21/00--01023--022 DOCUMENT # STREET ADDRESS NAME ****526.25 ****526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET APORESS CITY-ST-ZIP SEZP 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 finited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Date

Daytime Phone #

SIGNATURE: