

APPLICATION FOR
NEW STATEMENT
LIMITED PARTNERSHIP
B95000000344

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 PM 1:17

DOCUMENT # **B95-344**

1. Name of Limited Partnership
Barrington SPF, L.P.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
8 Campus Drive
Suite, Apt. #, etc.
4th Floor
City & State
Parsippany, NJ
Zip Country
07054 US

3. Principal Office Address
8 Campus Drive
Suite, Apt. #, etc.
4th Floor
City & State
Parsippany, NJ
Zip Country
07054 US

4. Date Formed or Registered
To Do Business in Florida **9-27-95**

5. FEI Number
75-2614155
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. State or Country of formation **Delaware**

8a. Capital Contributions as Shown
on Record
\$9,000,000

8b. Amount of Capital Contributions in
FLORIDA to date
\$9,000,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. If changed, now registered agent/office
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.
Kimberly D. Gilbertson
Assistant Secretary 11/13/97

SIGNATURE (Registered Agent Accepting Appointment) *Kimberly D. Gilbertson*

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)
Arbor SPF, L.L.C.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)
C/O Prudential Real Estate Investors
8 Campus Drive
4th Floor

City, State and Zip Code
Parsippany, NJ 07054

11a. Registration Document Number
M9500000285
200002357342--9
-11/26/97--01006--001
*****1050.00 ***1050.00**
200002357342--9
-11/26/97--01006--002
*****532.50**

NEW STATEMENT

CR-11-20

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 *Victor Del Pizzo*
Victor Del Pizzo

DATE **10/10/97**

Typed or Printed Name of General Partner Signing Form of **America, Manager of Arbor SPF, LLC** Telephone Number **973-683-1721**

CP2E039 (1/97)