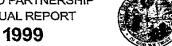
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

<sup>1a.</sup> DOCUMENT # B9500000344

98 NOV 30 PM 1: 26

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BARRINGTON SPF, L.P., LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
8 CAMPUS DRIVE. 4TH FLOOR PARSIPPANY NJ 07054	8 CAMPUS DRIVE. 4TH FLOOR PARSIPPANY NJ 07054		09/27/1995  3a. Date of Last Report	\$9,000,000.00
			11/20/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation DE	\$ 9,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 75-2614154	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	
Zip Country	Zip Country			\$8.75 Additional Fee Required  State (See reverse side for fee information)
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office		
		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 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Flori			
A GENERAL PARTNER THAT I	S A CORPORATION, I BE REGISTERED AN	IMITED D	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	d Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ARBOR SPF, L.L.C.	8 CAMPUS DRIVE, 4TH F		PARSIPPANY NJ 07054	M95000000285
,			2000027 -12/09/ ****5:	707522—1 98-01080-020 95.00 ****535.00
Note: General partners MAY NOT	he changed on this form	n. an ame	ndment must be filed to ch	ange a general partner
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my significant empowered to execute this report as required by chapter SIGNATURE	filing is voluntarily furnished and does no ection 119.07(3)(k) in the event that the in ature shall have the same legal effects as ar 620, Florida Statutes.	qualify for the ex formation supplie	emption stated in Section 119.07(3)(k), Florida s d is deemed exempt from public access, I furthe th, I further certify that I am a General Partner of	Statutes. I release the Division of r certify that the information indicated on