

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000344**

1. Entity Name

BARRINGTON SPF, L.P., LTD.

FILED

00 SEP 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054

Mailing Address

8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2614154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record

\$9,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M95000000285**
NAME **ARBOR SPF, L.L.C.**
STREET ADDRESS **8 CAMPUS DRIVE, 4TH FLOOR**
CITY-ST-ZIP **PARSIPPANY NJ 07054**

STREET ADDRESS **AR 526.25**
CITY-ST-ZIP **CUS 875**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **400003417734--1**
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CITY-ST-ZIP **dec cus**

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 REQUIRED

9/15/00 973-734-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Victor Del Pizzo, Vice President of The Prudential Ins Co of America, its manager

0002828 AI:

CF E003 (5/00)