

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 27 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001730

1. Entity Name

BREVARD MORTGAGE PROGRAM, LTD.

Principal Place of Business

C/O GREGORY MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242

Mailing Address

C/O GREGORY MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242



2. Principal Place of Business

Grove at Lakeland Square

3. Mailing Address

Grove at Lakeland Square

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

City & State

Lakeland Florida

City & State

Lakeland Florida

Zip

33809

Country

U.S.A.

Zip

33809

Country

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

59-7063536

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY

4561 GULF OF MEXICO DR., #101
LONGBOAT KEY FL 34226

7. Name and Address of New Registered Agent

Name

Barcorp Realty Services Group, Inc.

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

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

City

Lakeland

FL

Zip Code

33809

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

Mark L. Wilson, VP

Mark L. Wilson, VP

3/15/02

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

DATE

9. Capital Contributions
as Shown on record.

\$99.00

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

DOCUMENT # P95000073040
NAME BARON CAPITAL XII, INC.
STREET ADDRESS 7826 COOPER ROAD
CITY-ST-ZIP CINCINNATI OH 45242

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Mark L. Wilson, VP

Mark L. Wilson, VP

3/15/02

513 936 3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0016717 AT

STAPLE CHECK HERE