

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016832  
AF

DOCUMENT # **A00000000215**

1. Entity Name

**SOUTHGATE CONSTRUCTION FUND, LTD.**

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O GREGORY K. MCGRATH<br/>7826 COOPER ROAD<br/>CINCINNATI OH 45242</b> | Mailing Address<br><b>C/O GREGORY K. MCGRATH<br/>7826 COOPER ROAD<br/>CINCINNATI OH 45242</b> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                                                                            |                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>31-1689326</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K  
4561 GULF OF MEXICO DRIVE, #101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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. (NOT: Registered Agent signature required when reinstating) DATE

|                                                             |                                                         |                                                                                  |
|-------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$99.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #                      | <b>P00000008917</b>              |
| NAME                            | <b>BARON CAPTIAL XXXVI, INC.</b> |
| STREET ADDRESS                  | <b>7826 COOPER ROAD</b>          |
| CITY-ST-ZIP                     | <b>CINCINNATI OH 45242</b>       |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>800004218668--6</b>       |
| CITY-ST-ZIP              | <b>-05/15/01--01140--011</b> |
|                          | <b>****150.00 ****150.00</b> |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| 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 119.1 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**Gregory K. McGrath**  
**April 25, 2001**  
**(513) 984-5001**

CR2E003 (11/00)

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER