

***FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 PM 2:56

1. Name of Limited Partnership

1a. DOCUMENT #
A11991

CURIOSITY CREEK APARTMENTS, LTD.

Mailing Address

~~6064 AMERICANA PARKWAY
REYNOLDSBURG OH 43068~~

Principal Office Address

~~6064 AMERICANA PARKWAY
REYNOLDSBURG OH 43068~~

3. Date Formed or Registered

01/22/1982

5a. Capital Contributions as
Shown on record.

\$1,009,800.00

3a. Date of Last Report

10/29/1996

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

7826 Cooper Road

2a. Principal Office Address

7826 Cooper Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cincinnati, Ohio

City & State

Cincinnati, Ohio

Zip

45242

Country

Hamilton

Zip

45242

Country

Hamilton

6. FEI Number

59-2167896

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

GK-RA Corp.

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

1428 Brickell Ave., 6th Floor

Suite, Apt. #, etc.

City

Miami

FL

Zip Code

33131

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.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]*

DATE

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

11. Name(s) of General Partner(s)

**BARON CAPITAL XXVII, INC.
CANNELLA, THEODORE F.
WILLETT, THOMAS K.**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**7795 COPPER ROAD
2910 VILLA ROSA ROAK
300 E. MADISON ST. ST**

11b. City, State & Zip Code

**CINCINNATI OH 45242
TAMPA FL
TAMPA FL**

11c. Registration/
Document Number

P96000029949

**000002420550--2
-02/03/98--01096--025
****541.25 ****541.25**

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 *[Signature]*

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

Gregory R. McGrath, Pres.

Daytime Telephone Number

CR2E003 (6/97)