

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A21721</b> 1. Entity Name <b>PINE VIEW APARTMENTS, LTD.</b>	
Principal Place of Business <b>7826 COOPER ROAD CINCINNATI OH 45242 US</b>	Mailing Address <b>7826 COOPER ROAD CINCINNATI OH 45242-7619 US</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
00 APR 28 AM 3:05



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 <b>59-2749060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>MCGRATH, GREGORY K 4561 GULF OF MEXICO DRIVE, #101 LONGBOAT KEY FL 34228</b>
--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	DATE _____

9. Capital Contributions as Shown on record. <b>\$910.00</b>	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 #	<b>P97000036149</b>
NAME	<b>BARON CAPITAL LI, 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	<b>500003267715--0</b>
CITY - ST - ZIP	<b>-05/26/00--01010--012</b>
STREET ADDRESS	<b>*****150.00 *****150.00</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 119.07(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 Wilson **4/26/00** **513-936-3408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)