hone #

2001 UNIFORM BUSINESS REPORT (UB	2001 UN	IFORM	BUSINESS	REPORT	(UBR
----------------------------------	---------	--------------	-----------------	---------------	------

DOCU 1. Entity Nar		[‡] A2182	7					
CRYSTAL COURT APARTMENTS II, LTD.					FILED			
Principal Place of Business Mailing Address			-		OI APR 27 F	'H 3: 53		
7826 COOPER ROAD CINCINNATI OH 45242 US 7826 COOPER ROAD CINCINNATI OH 45242 US					SECRETARY OF STATE FALLAHATSAE FLORDA			
Principal Place of Business 3. Mailing Address			-					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State	City & State		4. FEI Number 59-2690359	Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name a	nd Address of Current	Registered Agent		Name	7. Name and Address of New Registered	Agent	
MCGRATI	, GREGORY	<				a /BO Bou Nillembas in Net Acceptable)		
4561 GUL	F OF MEXICO	DRIVE, #101			Street Address (P.O. Box Number is Not Acceptable)			
LONGBOA	AT KEY FL 34.	228			City		Zip Code	
	1 25				ered office or registered agent, or both, in the State of Florida.			
SIGNATURE 9. Capital Co as Shown	Signature, typed or ontributions	spinted name of registered agent a	nd title if applicable. (NO 10. Amount of Cap in FLORIDA to	it al Contri	d Agent signature requ	11. MAKE CHECK PAYABL	E TO DEPT. OF STATE OR FEE INFORMATION	
						STERED AND ACTIVE WITH THIS OFFIC ent must be filed to change a general pa		
12.		GENERAL PARTNER	INFORMATION	13.	 -	ADDRESS CHANGES OF	VLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P970000401 BARON CAP 7826 COOPE CINCINNATI	ital LIX, INC. Er road			EET ADDRESS -ST-ZIP	· · · · · ·		
DOCUMENT #				STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STAE	EET ADORESS	600004218 -05/15/010		
STREET ADDRESS CITY - ST-ZIP				CITY	- ST~ZIP	****150.00	****150.00	
DOCUMENT # NAME STREET ADDRESS				STRE	EET ADDRESS			
CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	- ST - ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDREUS CITY-ST-ZIP				CITY	-ST-ZIP			
indicated	on this report is er or trustee en	true and accurate and appropriate to execute this	this filing does not qualify finat my signature shall have report as required by Cha	e he same prer 620, F	e legal effec G Florida Statu $A_{ m I}$	regory K. McGrath pril 25, 2001 13) 984-5001	t the information lited partnership or	