

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21827**

1. Entity Name

**CRYSTAL COURT APARTMENTS II, LTD.**

Principal Place of Business

**7826 COOPER ROAD  
CINCINNATI OH 45242  
US**

Mailing Address

**7826 COOPER ROAD  
CINCINNATI OH 45242  
US**

APPROVE  
AND  
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**Grove at Lakeland Square**

**Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.**

**City & State  
Lakeland Florida**

**Zip  
33809**

**Country  
U.S.A.**

3. Mailing Address

**Grove at Lakeland Square**

**Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.**

**City & State  
Lakeland Florida**

**Zip  
33809**

**Country  
U.S.A.**

**DUE BY MAY 1, 2002**

4. FEI Number

**59-2690359**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K**

**4501 GULF OF MEXICO DRIVE, #101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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

**MARK L. WILSON, VP**

**3/15/02**  
DATE

9. Capital Contributions  
as Shown on record.

**\$910.00**

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 # **P97000040147**  
NAME **BARON CAPITAL LIX, INC.**  
STREET ADDRESS **7826 COOPER ROAD**  
CITY-ST-ZIP **CINCINNATI OH 45242**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400005190434--6**

**-04/03/02--01070--008**

**\*\*\*150.00 \*\*\*150.00**

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** **3/15/02** **513 936 3408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016736 AT

CR2E003 (9/01)

STAPLE CHECK HERE