

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33521

1. Entity Name

HEATHERWOOD KISSIMMEE, LTD.

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7826 COOPER RD.
CINCINNATI OH 45242

Mailing Address
7826 COOPER RD.
CINCINNATI OH 45242

2. Principal Place of Business
Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809

3. Mailing Address
Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809

DUE BY MAY 1, 2002

4. FEI Number
31-1579290

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
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
Burcap 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

3/15/02

DATE

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

9. Capital Contributions
as Shown on record.

\$350,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000028614	STREET ADDRESS	
NAME	BARON CAPITAL XLV, INC.	CITY-ST-ZIP	600005183726
STREET ADDRESS	7826 COOPER ROAD		-04/02/02-01064-001
CITY-ST-ZIP	CINCINNATI OH 45242		****535.00 ****535.00
DOCUMENT #		STREET ADDRESS	
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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 L. Wilson, VP* Mark L. Wilson, VP 3/15/02 513 936 3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

001622
AT

CR2E03 (9/01)

STAPLE OR SEAL HERE