

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0016711 AT

DOCUMENT # A93000000907

1. Entity Name

FLORIDA INCOME ADVANTAGE FUND I, LTD.

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7826 COOPER ROAD
CINCINNATI OH 45242

7826 COOPER ROAD
CINCINNATI OH 45242



2. Principal Place of Business

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.

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

65-0438411

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, GREGORY

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

Name

Maxcap Realty Services Group, Inc.

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

Grove at Lakeland Square

3570 U.S. Highway 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

Mack L. Wilson, VP

3/15/02

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

DATE

9. Capital Contributions
as Shown on record.

\$99.00

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 # P95000007305
NAME BARON CAPITAL IV, INC.
STREET ADDRESS 7826 COOPER ROAD
CITY-ST-ZIP CINCINNATI OH 45242

STREET ADDRESS

CITY-ST-ZIP

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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 Mack L. Wilson, VP 3/15/02 513 936 3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE