

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000908**

1. Entity Name

**FLORIDA INCOME APPRECIATION FUND I, LTD.**

APPROVE  
AND  
FILED

02 MAR 27 AM 10: 26

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**

3. Mailing Address

**Grove at Lakeland Square**

Suite, Apt. #, etc.

**3570 US Hwy 98 N.**

Suite, Apt. #, etc.

**3570 U.S. Hwy 98 N.**

City & State

**Lakeland Florida**

City & State

**Lakeland Florida**

Zip

**33809**

Country

**U.S.A.**

Zip

**33809**

Country

**U.S.A.**

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0438409**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY**

**4561 GULF OF MEXICO DR., #101**

**LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

**Barcamp 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**

**Mark 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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**500005183695--0  
-04/02/02--01062--001  
\*\*\*\*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 #

0016898 AT

CR2E003 (9/01)

STAPLE CHECK HERE