## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400001142** 

FILED

98 DEC 30 AM 8: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	A9400001142			IALLAHASSEE, FLORIDA			
TAMPA CAPITAL INCOME FUND, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
7826 COOPER ROAD CINCINNATI OH 45242	7826 COOPER ROAD CINCINNATI OH 45242			08/23/1994 3a. Date of Last Report 12/30/1997	\$99.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		<u> </u>	4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FL 6. FEI Number	<u> </u>	Applied For	
City & State	City & State			59-3268059	Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current R	nt Registered Agent			10. If changed, new Registered Agent/Office			
MCGRATH, GREGORY K— 28050-US-HWY. 19-NORTH, #301 CLEARWATER-FL_34621—			S McGrath, Gregory 4561 Gulf of Mexico Drive  s #101  C Longboat Key, FL 34228				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	Address of Each General	Address of Each Conord Posters		City, State & Zip Code	11c.	Registration/ Document Number	
BARON CAPITAL I, INC.	7826 Cooper Road		CINC	CINNATI OH 45242	P94000064986		
•				200002 -01/20, ****1	7470 /8901 #1.25	0028 011013 *****141.25	
				*·			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of							
12. I do hereby certify that the information supplied with this t Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signat empowered to execute this report as required by chapter	ction 119.07(3)(k) in the event that the info ure shall have the same legal effects as if	rmation supplie	ed is deeme	d exempt from public access. I further o	ertify that the in	formation Indicated on	
SIGNATURE Nigues / Min Wratt DATE 12/22/98							
Typed or Printed Name of General Partner Signing Form Gregory K Mc Grath Partner Telephone Number 513 984 5001							