

APPLICATION FOR RESTATEMENT OF LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED MAY 10 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # A94000001144		DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership Florida Capital Income Fund, Ltd.			

2. Mailing Address 7826 Cooper Road Cincinnati, Ohio 45242	3. Principal Office Address 7826 Cooper Road Cincinnati, Ohio 45242	4. Date Formed or Registered To Do Business in Florida 8-23-94	5. FEI Number 65-0523970
Zip _____ Country _____	Zip _____ Country _____	6. CERTIFICATE OF STATUS DESIRED ☒ See Additional Fee required for a Certificate of Status	
		7. State or Country of Formation	

8a. Capital Contributions as Shown on Record 99.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date 99.00	

9. Name and Address of Current Registered Agent Michael Schmerge 28050 U.S. Highway 19 North Clearwater, FL 34621	10. If changed, new registered agent/office Name _____ Street Address Gregory K. McGrath Suite/Apt 4561 Gulf of Mexico Drive, #101 City Longboat Key, Florida 34228 Code _____
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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.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE **April 5, 1999**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s) Baron Capital II, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7826 Cooper Road	City, State and Zip Code Cincinnati, Ohio 45242	11a. Registration Document Number P94000068023
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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 Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ Gregory K. McGrath, President Baron Capital II, Inc.	DATE April 5, 1999 (513) 984-5001
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Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E039 (12/98)