

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0016746  
AT

DOCUMENT # A94000001144

1. Entity Name

FLORIDA CAPITAL INCOME FUND, LTD.

02 MAR 27 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7826 COOPER ROAD 7826 COOPER ROAD  
CINCINNATI OH 45242 CINCINNATI OH 45242



2. Principal Place of Business 3. Mailing Address  
Grove at Lakeland Square Grove at Lakeland Square  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N. 3570 U.S. Hwy 98 N.  
City & State City & State  
Lakeland, Florida Lakeland, Florida

DUE BY MAY 1, 2002

4. FEI Number 65-0523970 Applied For  
Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, GREGORY K  
4561 GULF OF MEXICO DRIVE, #101  
LONGBOAT KEY FL 34228

Name Barcap 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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000068023 BARON CAPITAL II, INC. 7826 COOPER ROAD CINCINNATI OH 45242	STREET ADDRESS CITY-ST-ZIP	
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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 #

CR2E003 (9/01)