

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 11:16

12/19

1. Name of Limited Partnership	1a. DOCUMENT # A94000001820
FLORIDA OPPORTUNITY INCOME PARTNERS, LTD.	



Mailing Address 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621	Principal Office Address 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621	3. Date Formed or Registered 12/27/1994	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 7795 Cooper Rd Cincinnati Ohio 45242	2a. Principal Office Address 7795 Cooper Rd Cincinnati Ohio 45242	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3285270	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MCGRATH, GREGORY K 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip 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

**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) BARON CAPITAL III, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 28050 US 19 NORTH, ST	11b. City, State & Zip Code CLEARWATER FL 34621	11c. Registration/ Document Number P94000086918
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****200.00 ****200.00

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

DATE

CR2E003 (6/96)