

2000 UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # A94000001820 | | | |
| 1. Entity Name FLORIDA OPPORTUNITY INCOME PARTNERS, LTD. | | | |
| Principal Place of Business 7826 COOPER RD CINCINNATI OH 45242 | | Mailing Address 7826 COOPER RD CINCINNATI OH 45242-7619 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MCGRATH, GREGORY K 4561 GULF OF MEXICO DR., #101 LONGBOAT KEY FL 34228 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 | P94000086918 BARON CAPITAL III, INC. 7826 COOPER RD 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: <i>Mark Wilson</i> | | Date <i>4/26/00</i> Daytime Phone # <i>513-936-3408</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3285270** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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*******150.00 *****150.00**