

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016752
AT

DOCUMENT # A95000000614

1. Entity Name

FLORIDA CAPITAL INCOME FUND III, LTD.

02 MAR 27 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7826 COOPER RD.
CINCINNATI OH 45242

Mailing Address

7826 COOPER RD
CINCINNATI OH 45242



2. Principal Place of Business

Grove at Lakeland Square

3. Mailing Address

Grove at Lakeland Square

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33809

Country

U.S.A.

Zip

33809

Country

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

59-3317150

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY K
4561 GULF OF MEXICO DR., #401
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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

DOCUMENT # P95000028918
NAME BARON CAPITAL VII, INC.
STREET ADDRESS 7826 COOPER RD
CITY-ST-ZIP CINCINNATI OH 45242

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8000005183718--7
-04/02/02--01062--009
****150.00 ****150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/15/02 513 936 3408

CR2E003 (9/01)