

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016759
AT

DOCUMENT # **A95000000997**

1. Entity Name

GSU STADIUM STUDENT APARTMENTS 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

3570 U.S. Hwy 98 N.

Lakeland Florida

Zip 33809

Country U.S.A.

3. Mailing Address

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

Lakeland Florida

Zip 33809

Country U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

65-0590760

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY

**4561 GULE OF MEXICO DR., #101
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Barcap Realty Services Group, Inc.

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

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

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 # **P95000051164**
NAME **BARON CAPITAL X, INC.**
STREET ADDRESS **7826 COOPER RD**
CITY-ST-ZIP **CINCINNATI OH 45242**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4000005183754--E

-04/02/02--01062--017

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

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STREET ADDRESS

CITY-ST-ZIP

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)

STAPLE CHECK HERE