

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 DEC 30 AM 8:57

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1. Name of Limited Partnership	1a. DOCUMENT # <b>A95000001208</b>
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**FLORIDA CAPITAL INCOME FUND IV, LTD.**



Mailing Address 7795 COPPER RD CINCINNATI OH 45242	Principal Office Address 7795 COPPER RD CINCINNATI OH 45242
2. Mailing Address <b>7826 COOPER ROAD</b>	2a. Principal Office Address <b>7826 COOPER ROAD</b>
City & State <b>CINCINNATI OHIO</b>	City & State <b>CINCINNATI OHIO</b>
Zip <b>45242</b>	Zip <b>45242</b>

3. Date Formed or Registered <b>08/11/1995</b>	5a. Capital Contributions as Shown on record <b>\$99.00</b>
3a. Date of Last Report <b>01/02/1997</b>	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date
6. FLI Number <b>59-3331096</b>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>MCGRATH, GREGORY K</b> <b>28050 U.S. HIGHWAY 19</b> <b>SUITE 301</b> <b>CLEARWATER FL 34621</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State: <b>FL</b> Zip Code
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10a. Pursuant to the provisions of sections 620.105-1 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) <b>BARON CAPITAL V, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>28050 U.S. HIGHWAY 19</b>	11b. City, State & Zip Code <b>CLEARWATER FL 34621</b>	11c. Registration/Document Number <b>P95000019928</b>
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 \*\*\*165.00 \*\*\*165.00

**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 *G. McGrath* DATE **12/24/97**  
 Typed or Printed Name of General Partner Signing Form: **GREGORY K. MCGRATH** Daytime Telephone Number: **513-984-5001**

CR2E003 (6/97)