

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 # A95000001208
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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	3. Date Formed or Registered 08/11/1995	5a. Capital Contributions as Shown on record \$99.00
		3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	
2. Mailing Address 7826 COOPER ROAD Suite, Apt. #, etc.	2a. Principal Office Address 7826 COOPER ROAD Suite, Apt. #, etc.	6. FLI Number 59-3331096	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
City & State CINCINNATI OHIO	City & State CINCINNATI OHIO	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 45242	Zip 45242	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 U.S. HIGHWAY 19 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 <div style="text-align: right;">FL Zip Code</div>
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BARON CAPITAL V, INC.	28050 U.S. HIGHWAY 19	CLEARWATER FL 34621	P95000019928

200002397952-7
 -01/13/98-01020-014
 ***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  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)