

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 30 PM 4: 07

*mtm*  
1/12

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001730**

**BREVARD MORTGAGE PROGRAM, LTD.**



Mailing Address

C/O GREGORY MCGRATH  
7795 COOPER ROAD  
CINCINNATI OH 45242

Principal Office Address

C/O GREGORY MCGRATH  
7795 COOPER ROAD  
CINCINNATI OH 45242

3. Date Formed or Registered

11/15/1995

5a. Capital Contributions as Shown on record

\$99.00

3a. Date of Last Report

01/02/1997

5b. Amount of Capital Contributions in FL ORIDA to date:

2. Mailing Address

7826 Cooper Rd.

2a. Principal Office Address

7826 Cooper Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cincinnati OH

City & State

Cincinnati OH

Zip

45242

Country

Zip

45242

Country

4. State or Country of Formation

FL

6. FEI Number

59-7063536

Applied for  
 Not Applicable

7. Certificate of Status Desired



\$8.75 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

MCGRATH, GREGORY  
28050 U.S. HIGHWAY, 19 NORTH  
CLEARWATER FL 34621

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

BARON CAPITAL XII, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

7795 COOPER ROAD

11b. City, State & Zip Code

CINCINNATI OH 45242

11c. Registration/Document Number

P95000073040

7000002401757-9  
-01/15/98-01065-018  
\*\*\*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 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

*Gregory K McGrath*

DATE

12/24/97

Typed or Printed Name of General Partner Signing Form

Gregory K McGrath

Daytime Telephone Number

(513) 984-5001

CR25003 (6/97)