



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 30 AM 10:13	
1. Name of Limited Partnership		1a. DOCUMENT # A96000000672			
BARON FIRST TIME HOME BUYER MORTGAGE FUND III, LTD.					
Mailing Address 7826 COOPER ROAD CINCINNATI OH 45242		Principal Office Address 7826 COOPER ROAD CINCINNATI OH 45242		3. Date Formed or Registered 04/09/1996	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3353545	
Zip		Zip		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent SCHMERGE, MICHAEL 28050 U.S. HIGHWAY, 19 NORTH SUITE 301 CLEARWATER FL 34621		10. If changed, new Registered Agent/Office Name: McGrath, Gregory Street Address (P.O. Box Number Is Not Acceptable): 4561 Gulf of MEXICO DRIVE Suite, Apt. #, etc.: # 101 City: LONGBOAT KEY FL Zip Code: 34728			
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 12-28-98					
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 XXVII, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7795 COOPER ROAD 7826 Cooper Road		11b. City, State & Zip Code CINCINNATI OH 45242	
				11c. Registration/ Document Number P96000029949 10000274891 1--0 -01/21/99-01008--002 ***1950.00 ***150.00	
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 12/22/98					
Typed or Printed Name of General Partner Signing Form GREGORY K. MCGRATH Daytime Telephone Number 513-784-5001					

CR2E003 (8/98)