

2000 UNIFORM BUSINESS REPORT (UBR)

1015912 AF

DOCUMENT # A96000000672

1. Entity Name
BARON FIRST TIME HOME BUYER MORTGAGE FUND III, L

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business
**7826 COOPER ROAD
CINCINNATI OH 45242**

Mailing Address
**7826 COOPER ROAD
CINCINNATI OH 45242-7619**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3353545**

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 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P96000029949	NAME BARON CAPITAL XXVII, INC.	STREET ADDRESS	
STREET ADDRESS 7826 COOPER ROAD		CITY - ST - ZIP	
CITY - ST - ZIP CINCINNATI OH 45242			
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*****150.00 ***150.00**

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: _____ **SIGNATURE REQUIRED** **GREGORY K. MCGRATH** **4/24/00** **513-984-5001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)