## 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

1. Name of Limited Partnership

1a. DOCUMENT # A9600000674

FILED

98 DEC 30 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			ACLANASSEE. FLORIDA				
BARON STRATEGIC VULTURE FUND I, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as	
7826 COOPER RD CINCINNATI OH 45242	7795 COOPER ROAD GINCINNATI OH 45242			04/09/1996 3a. Date of Last Report 12/30/1997	\$99.00  5b. Amount of Capital Contributions in FLORIDA to determine the contributions of the		
2. Mailing Address	2a. Principal Office Address	- ~-		4. State or Country of Formation	to da	e:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For	
City & State	City & State			58-2236130  7. Certificate of Status Desired	☐ Not Applicable		
Zip Country	Zip Country				Certificate of Status Desired \$8.75 Additional Fee Required  Wake check psyable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office							
SCHMERGE, MICHAEL  28050 U.S. HIGHWAY 19 NURTH  SUITE 301  CLEARWATER FL 34021  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 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)  Agent Medical 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.  DATE  12 (22/9 8)  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. (Do NOT Use Post Office Box	x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BARON CAPITAL XXVI, INC.	-7795 COOPER ROAD - 7826 Cooper	Road	CINC	900027 -01/20/ ****14	469 9-01	000029948 1890 - 011008 *****141.25 -	
Note: General partners MAY NOT b	ne changed on this form	· an ama	ndman	t must be filed to she	100 0 55	noral partner	
12. I do hereby certify that the information supplied with this:  Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this report as required by chapter  SIGNATURE   SIGNATURE	filing is voluntarily furnished and does not cotion 119.07(3)(k) in the event that the infoure shall have the same legal effects as if 620, Florida Statutes.	qualify for the ex rmation supplied made under oatl	remption sta d is deemed th. I further o	ted in Section 119.07(3)(k), Florida State exempt from public access. I further contribute that I am a General Partner of the	tutes. I release	the Division of	
Typed or Printed Name of General Partner Signing Form Gregory R McGrally, 110 Daytime Telephone Number 513 984 5001							