

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016455 AF

FILED

01 APR 27 PM 6:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000000686**

1. Entity Name  
**BARON FIRST TIME HOME BUYER MORTGAGE FUND V, LTD**

Principal Place of Business <b>7826 COOPER ROAD CINCINNATI OH 45242</b>	Mailing Address <b>7826 COOPER ROAD CINCINNATI OH 45242</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>58-2236128</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$99.00</b>	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

DOCUMENT #	<b>P96000030088</b>
NAME	<b>BARON CAPITAL XXIX, INC.</b>
STREET ADDRESS	<b>7826 COOPER ROAD</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>hsk</i>
CITY-ST-ZIP	<i>810</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004216993--5</b>
CITY-ST-ZIP	<del>05/15/01 01080 014</del> <b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Gregory K. McGrath*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Gregory K. McGrath**  
**April 25, 2001**  
**(513) 984-5001**

CF2E003 (11/00)