

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 AM 8:29

mtm
1/12

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000687

INCOME PARTNERS III, LTD.

Mailing Address

7795 COOPER ROAD
CINCINNATI OH 45242

Principal Office Address

7795 COOPER ROAD
CINCINNATI OH 45242

3. Date Formed or Registered

04/09/1996

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

01/02/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

7826 COOPER ROAD

2a. Principal Office Address

7826 COOPER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CINCINNATI OHIO

City & State

CINCINNATI OHIO

Zip

45242

Zip

45242

6. FEI Number

58-2237913

☐ 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

SCHMERGE, MICHAEL
28050 U.S. HIGHWAY 19 NORTH
SUITE 301
CLEARWATER FL 34621

10. If changed, new 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 XXX, 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

P96000030033

500002400615--2
-01/14/98--01111--022
****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 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

Typed or Printed Name of General Partner Signing Form

Gregory K McGrath

Daytime Telephone Number

(513) 984-5001

CR2E003 (6/97)