

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016707 AT

DOCUMENT # A96000000687

1. Entity Name

INCOME PARTNERS III, LTD.

02 MAR 27 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7826 COOPER ROAD  
CINCINNATI OH 45242

Mailing Address

7826 COOPER ROAD  
CINCINNATI OH 45242



2. Principal Place of Business

Grove at Lakeland Square

Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.

City & State  
Lakeland Florida

Zip  
33809

Country  
U.S.A.

3. Mailing Address

Grove at Lakeland Square

Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.

City & State  
Lakeland Florida

Zip  
33809

Country  
U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

58-2237913

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

Worship Realty Services Group, Inc.

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

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

City  
Lakeland

FL

Zip Code  
33809

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 Mark L. Wilson, VP Mark L. Wilson, VP

3/15/02

Signature, typed or printed name of registered agent and title if applicable.

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

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 # P96000030033  
NAME BARON CAPITAL XXX, INC.  
STREET ADDRESS 7826 COOPER ROAD  
CITY-ST-ZIP CINCINNATI OH 45242

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005183725--5  
-04/02/02--01062--011

\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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(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: Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STATE CHECK HERE