## 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

12. I do hereby certify that the information

Corporations from any liability

this annual recort is true

SIGNATURE Typed or Printed Name of

1a. DOCUMENT # A96000001824

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 AMII: 14

	A9000001024				
BARON MORTGAGE DEVELO	PMENT FUND VIII, LT	ΓD.	77/14		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
C/O GREGORY K. MCGRATH	C/O GREGORY K. MCGRATH		10/02/1996	Shown on record.	
7826 COOPER ROAD	7826 COOPER ROAD	•		\$99.00	
CINCINNATI OH 45242	CINCINNATI OH 45242		3a. Date of Last Report 12/30/1997	EL	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	<del></del>	4. State or Country of Formation	to date.	
			FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		<b>——</b> 58-2275452	Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required state (See reverse side for fee information)	
		· · · · · · · · · · · · · · · · · · ·			
9. Name and Address of Current Registered Agent		_	10. If changed, new Registered Agent/Office		
SCHMERGE, MICHAEL		Name MC	Mc Grath Gresony		
		Street Address (	iress (P.O. Box Number is Not Agreeptable)		
SUITE 301		956 Suite, Apt. #, etc	! 501+ OF MPY/C	o Drive	
CLEARWATER FL 34621		#			
CEB 41111 E 07021	Λ	city Long	ghmt Key	FL Zip Code	
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations	620.192, Florida Statutes, the above-name agistered agenty of both, in the State of Florid of segon 620.52 Florida Statutes	d limited partnership da. Such change wa	o organized or registered/under the laws of the is authorized by its general partner(s). I hereby	_	
SIGNATURE (Registered Agent Accepting Appointment)	VIATURI		DATE_	12-28-98	
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. Address of Each General (Do NOT Use Post Office Bo	nt Partner ox Numbers) 11	1b. City, State & Zip Code	11c. Registration/	
BARON CAPITAL XXXVIII, INC.	7795 COOPER ROAD 7826 Cooper Road		CINCINNATI OH 45242	P96000080563	
			0000027 -01/21/ ***195	7489301 - 3301008002 0.00 ****150.00	
Note: General partners MAY NOT	be changed on this form	n; an ameno	Iment must be filed to cha	nge a general partner.	

ed with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

nce 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 at my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee