

2001 UNIFORM BUSINESS REPORT (UBR)

0016470 AF

DOCUMENT # **A97000000713**

1. Entity Name

BARON MORTGAGE DEVELOPMENT FUND XV, LTD.

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242

C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1537132

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, GREGORY
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228

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.

(NOTE: Registered Agent signature required when reinstating)

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000026887**
NAME **BARON CAPITAL XLVIII, INC.**
STREET ADDRESS **7826 COOPER RD.**
CITY-ST-ZIP **CINCINNATI OH 45242**

STREET ADDRESS

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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Gregory K. McGrath

April 25, 2001

(513) 984-5001

formation
rtnership or

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)