

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97 000000737**
 1. Entity Name
Burlington Residential, Ltd.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 28 AM 3:05

Principal Place of Business
 7826 COOPER ROAD
 CINCINNATI OH 45242

Mailing Address
 7826 COOPER ROAD
 CINCINNATI OH 45242-7619

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
31-158 0944

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

[Handwritten Signature]

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 _____ (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 #	P97000028616	STREET ADDRESS	
NAME	Baron Capital XLIX, Inc.	CITY - ST - ZIP	
STREET ADDRESS	7826 Cooper Rd.		
CITY - ST - ZIP	Cincinnati, OH 45242		
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NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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 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* Mark L. Wilson 4/26/00 (513) 936-3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER