

**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

FILED

98 DEC 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
PINE VIEW PARTNER, LTD.

1a. DOCUMENT #
A97000000892

Mailing Address 7826 COOPER RD. CINCINNATI OH 45242	Principal Office Address 7826 COOPER RD. CINCINNATI OH 45242	3. Date Formed or Registered 04/23/1997	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 31-1567642	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information) \$ 141.75	

9. Name and Address of Current Registered Agent BLUM, KEITH J ESQ. 428-BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131	10. If changed, new Registered Agent/Office Mr. McGrath, Gregory 4561 Gulf of Mexico Drive Su #101 CR Longboat Key, FL 34228 Zip Code
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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) *Gregory K McGrath* DATE **12/22/98**

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BARON CAPITAL L, INC.	7795 COOPER ROAD 7826 Cooper Road	CINCINNATI OH 45242	P97000036143

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-01/20/99--01011--022
****141.25 ****141.25

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 *Gregory K McGrath* DATE **12/22/98**
Typed or Printed Name of General Partner Signing Form **Gregory K McGrath, Pres.** Daytime Telephone Number **513 984 5001**

CR2E003 (8/98)