

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016500 AF

<b>DOCUMENT # A97000000892</b>			
1. Entity Name <b>PINE VIEW PARTNER, LTD.</b>			
Principal Place of Business <b>7826 COOPER RD. CINCINNATI OH 45242</b>		Mailing Address <b>7826 COOPER RD. CINCINNATI OH 45242</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
01 APR 27 PM 3: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>31-1567642</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MCGRATH, GREGORY</b> <b>4561 GULF OF MEXICO DR., #101</b> <b>LONGBOAT KEY FL 34228</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b> 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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P97000036143</b>	STREET ADDRESS	
NAME	<b>BARON CAPITAL L, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>7826 COOPER RD.</b>	STREET ADDRESS	<b>800004217088--8</b>
CITY - ST - ZIP	<b>CINCINNATI OH 45242</b>	CITY - ST - ZIP	<b>-05/15/01--01086--025</b>
DOCUMENT #		CITY - ST - ZIP	<b>****150.00 ****150.00</b>
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: *Gregory K. McGrath*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Gregory K. McGrath**  
**April 25, 2001**  
**(513) 984-5001**

CR2E003 (11/00)