2002 UNIFORM BUSINESS REPO	ORT (UBR)	APPROYL
DOCUMENT # A9700000969 1. Entity Name		AND FILED
CRYSTAL COURT II PARTNER, LTD.		02 MAR 27 AM 10: 25
		SECRETARY OF STATE TAULAHASSEE, FLORIDA
Principal Place of Business		TAÜLAHASSEE, FLORIDA
2. Principal Place of Business WOUL OF LOW SAVALL GROVE OF LOW O	ikeland Savayu	
Suite, Apt. #, etc. 510 U.S. Hwy 98 N. 3510 U.S. Hw	2	DUE BY MAY 1, 2002
attani Torida City & State Attani	Florida	4. FEI Number 31-1580946 Applied For Not Applicable
2ip Country Zip 274 O	Country S.A.	5. Certificate of Status Desired \$8.75 Additional Fee Required
MOGRATH, GREGORY 4561 GULF OF MEXICO DRIVE #101 LONGBOAT-KEY FL 34228	3570 U.	P.O. Sox Number is Not Acceptable a Square S. Hwy 98 N. FL Ziz God Square
3. 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 tiffe if applicable.		
9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to c		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.		
2. GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
P97000039185 BARON CAPITAL LVIII, INC. 7826 COOPER ROAD	STREET ADDRESS	
CITY-ST-ZIP CINCINNATI OH 45242	STREET ADDRESS	
iame Treet address Sity-St-Zip	CITY-ST-ZIP	6000051904369
OCUMENT #	STREET ADDRESS	600051904369 -04/03/0201970003 ****150.00 ****150.00
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OCUMENT #	STREET ADDRESS	
TREET ADDRESS ITY-ST-ZIP	CITY-ST-ZIP	
OCUMENT ≠	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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ŽIP

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: MANUSCON PRINTED NAME OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date Date Designe Phone #

2E003 (9/01)