

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000001005**

1. Entity Name

**CRYSTAL COURT PROPERTIES, LTD.**

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

Principal Place of Business      Mailing Address  
7826 COOPER RD                      7826 COOPER RD  
CINCINNATI OH 45242                CINCINNATI OH 45242-7619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      31-1575487      Applied For  
Not Applicable

Zip      Country      Zip      Country      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	P97000040147
NAME	BARON CAPITAL LIX, INC.
STREET ADDRESS	7795 COOPER ROAD
CITY - ST - ZIP	CINCINNATI OH 45242
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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STREET ADDRESS	000003267730--4
CITY - ST - ZIP	-05/26/00--01010--024
	****150.00      ****150.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Wilson      Date: 4/25/00      Daytime Phone #: (513) 936-3408

CR: E003 (9/99)