

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM 1

DOCUMENT # A97000001405

1. Entity Name
BARON CONDOMINIUM FUND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business % GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242	Mailing Address % GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242-7619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2543434 APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name		City
				Street Address (P.O. Box Number is Not Acceptable)		FL
				City		Zip Code

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

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
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000055421 BARON CAPITAL LXIII, INC. 7795 COOPER ROAD CINCINNATI OH 45242	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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)(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: **SIGNATURE REQUIRED** **GREGORY K. MCGRATH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **4/25/00** Daytime Phone #: **513-984-5001**

CR2:003 (3/99)