

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016483 AF

**DOCUMENT # A97000001405**

1. Entity Name

**BARON CONDOMINIUM FUND, LTD.**

**FILED**

**01 APR 27 PM 6:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242	Mailing Address % GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>58-2543434</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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 **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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (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**

DOCUMENT #	<b>P97000055421</b>
NAME	<b>BARON CAPITAL LXIII, INC.</b>
STREET ADDRESS	<b>7795 COOPER ROAD</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>McGrath</i>
CITY-ST-ZIP	
STREET ADDRESS	<b>400004216934--8</b>
CITY-ST-ZIP	<b>-05/15/01--01060--002</b> <b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath by the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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

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