

2000 UNIFORM BUSINESS REPORT (UBR)

0015636 AF

DOCUMENT # A99000000116

1. Entity Name
BARON MEZZANINE FUND XXXVII, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3: 05

Principal Place of Business: **C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242**

Mailing Address: **C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242-7619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip

4. FEI Number: **31-1631152**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K
4561 GULF OF MEXICO DRIVE, #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: _____ (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**

**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 #	P99000001492
NAME	BARON CAPITAL LXXXVIII, INC.
STREET ADDRESS	7826 COOPER ROAD
CITY - ST - ZIP	CINCINNATI OH 45242
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	700003267107--8
STREET ADDRESS	05/25/00 01086 016
CITY - ST - ZIP	***150.00 ***150.00
STREET ADDRESS	
CITY - ST - ZIP	
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)(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** 4/25/00 513-984-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)