2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A9900000116 1. Entity Name				FILED	
BARON MEZZANINE FUND XXXVII, LTD.				01 APR 27 PM C. O.	
		Mailing Address C/O GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242			TALLAHASSEE, FLORIDA
2. Principal I	Place of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	te	City & State	City & State		4. FEI Number 31-1631152 Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	_	T	7. Name and Address of New Registered Agent
				Name	
MCGRATH, GREGORY K 4561 GULF OF MEXICO DRIVE, #101				Street Address (P.O. Box Number is Not Acceptable)	
LONGBOAT KEY FL 34228					
				City FL Zip Code	
8. The above	e named entity submits this statement f	or the purpose of changing it	ts register	ed office or register	red agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	1 - Registere	ed Agent signature required	J when reinstating) DATE
O Conital Countributions					11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. 399.00 in FLORIDA to c. ate.					SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS EI AY NOT be changed on :	N FITY M the form	IUST BE REGIST n; an amendmen	FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME	P99000001492 BARON CAPITAL LXXXVIII, INC. 5 7826 COOPER ROAD CINCINNATI OH 45242		STRE	EET ADDRESS	
STREET ADDRESS			CITY	'-ST-ZiP	n
DOCUMENT #			STRE	EET ADDRESS	3/2
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	7,,7
DOCUMENT #			STRE	EET ADDRESS	3110
STREET ADDRESS City-St-Zip			CITY	'-ST-ZIP	
DOCUMENT #			STRE	EET ADDRESS	3000042169638 -05/15/0101060009
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZiP	****150.00 ****150.00
DOCUMENT #			STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT #, . NAME			STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
indicated the receiv	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	I that my signature shall have is report as required by Chap	e he same p er 620, f	e legal effect as if m	