

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000119**  
 1. Entity Name  
**BARON MEZZANINE FUND XL, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>31-1631152</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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.	<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>P99000001496</b>
NAME	<b>BARON CAPITAL XCI, INC.</b>
STREET ADDRESS	<b>7826 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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>7000003289327--6 -06/14/00--01088--020 ***150.00 ***150.00</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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 #

11 003 (3/99)