MITED LIABILITY COM ANNUAL REPORT 1999	PANY	FLORIDA DEPARTM <b>Katherine</b> Secretary o DIVISION OF COR	<b>Harris</b> f State	1		14
ING FEE Annual Repo 188.75 Make Chec Name and Mailing Address of Limited Liability Company	ort \$100.00 + \$88.79 k Payable To: FLOI DOCUMEN	RIDA DEPARTMEN	T OF STATE	] ç; ]	MR 30 H	/// 8: <b>54</b>
BARON RIVER	WALK, LLC LL AVBNUB, 131	OUITE 600 -		1a. Principal Pla	NICKELL	AVENUE, SUITI
7826 Cooper Road	78	iling Address 26 Cooper Ros		3. Date Organize 08/31/1		3a. State of Formation FL
Cincinnati, Ohio 4 & State	15242 City & S	ncinnati, Ohio	45242	4. FEINOMOEI	-	Applied For  Not Applicat
Country	Zip	Coun	try	5. Date of Last R	leport	6. Certificate of Status Desire \$8.75 Additional Fee Required
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