

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90981 030 ****55.00

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DOCUMENT # L98000001652

1. Entity Name

BARON RIVERWALK, LLC

Principal Place of Business

**7826 COOPER ROAD
 CINCINNATI OH 45242**

Mailing Address

**7826 COOPER ROAD
 CINCINNATI OH 45242**

935659

2. Principal Place of Business

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

Lakeland Florida

Zip 33809 Country U.S.A.

3. Mailing Address

Grove at Lakeland Square

3570 U.S. Hwy 98 N.

Lakeland Florida

Zip 33809 Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1675463

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K
 4581 GULF TO MEXICO DR., #101
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

**Barcap Realty Services Group, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 Grove at Lakeland Square
 3570 U.S. Hwy 98 N.
 City Lakeland FL Zip Code 33809**

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 **Mark L. Wilson, VP** **Mark L. Wilson, VP**

3/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **MCGRATH, GREGORY K**
 STREET ADDRESS **7826 COOPER ROAD**
 CITY-ST-ZIP **CINCINNATI OH 45242**

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10. ADDITIONS/CHANGES

TITLE
 NAME **Robert Astorino**
 STREET ADDRESS **3570 U.S. Hwy 98 N.**
 CITY-ST-ZIP **Lakeland, Florida 33809**

☐ Change ☒ Addition

TITLE
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 CITY-ST-ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **573 936 3408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)