

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007184 AF

DOCUMENT # **L99000005809**

1. Entity Name
BARON CAPITAL PARTNERS, L.C.

00 APR 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 825 PARKSIDE CIRCLE NORTH BOCA RATON FL 33486	Mailing Address 825 PARKSIDE CIRCLE NORTH BOCA RATON FL 33486-5240
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2. Principal Place of Business 2493 NW 64th St.	3. Mailing Address 2493 NW 64th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

MMM

DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0949560	Applied For Not Applicable
Zip 33496	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUSTIG, GREGORY J
825 PARKSIDE CIRCLE NORTH
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2493 NW 64th St.

City **Boca Raton** FL Zip Code **33496**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MGRM LUSTIG, GREGORY J	<input type="checkbox"/> Delete
STREET ADDRESS 825 PARKSIDE CIRCLE NORTH	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE NAME MGRM HOLLOWELL, RICHARD K	<input type="checkbox"/> Delete
STREET ADDRESS 825 PARKSIDE CIRCLE NORTH	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE NAME MGRM Giuliano GIULIANO, GABE	<input type="checkbox"/> Delete
STREET ADDRESS 16 LIBERTY RIDGE TERRACE	
CITY-ST-ZIP TOTOWA NJ 07512	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME 2493 NW 64th St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Boca Raton FL 33496	address
CITY-ST-ZIP	
TITLE NAME 2493 NW 64th St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Boca Raton FL 33496	address
CITY-ST-ZIP	
TITLE NAME Juliano, Gabe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1 Taylor Lane	address
CITY-ST-ZIP W. Patterson, NJ 07424	
TITLE NAME 800003243588	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -05/11/00--01126--014	
CITY-ST-ZIP *****50.00 *****50.00	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ DATE: **4/24/00** DAYTIME PHONE #: _____

CR2E083 (9/99)