



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90119 041 ***150.00

DOCUMENT # P97000037649 1. Entity Name BARON CAPITAL LIII, INC.					
Principal Place of Business GROVE AT LAKELANED SQUARE 3570 US HWY 98 N LAKELAND, FL 33809-3840			Mailing Address GROVE AT LAKELANED SQUARE 3570 US HWY 98 N LAKELAND, FL 33809-3840		
2. Principal Place of Business 109 West Commercial St. Suite, Apt. #, etc.		3. Mailing Address 109 West Commercial St. Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 31-1533014	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP INC GROVE AT LAKELAND SQUARE 3570 US HIGHWAY 98 N LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Barcap Realty Services Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 109 West Commercial Street City Sanford FL Zip Code 32771			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYDELL, JEROME S 3570 US HWY 98 N LAKELAND, FL 338093840	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, STEPHEN J 3570 US HWY 98 N LAKELAND, FL 338093840	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APR 29 2005 <u>407-688-7762</u> <small>Date Daytime Phone #</small>			