2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

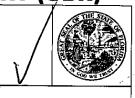
P97000039185 **DOCUMENT #**

1. Entity Name

Principal Place of Business

GROVE AT LAKELAND SQUARE

BARON CAPITAL LVIII, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90124 029 ***158.75

10029722

GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND FL 33809 US 2. Principal Place of Business				GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND FL 33809 US 3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State				City & State				4. FEI Number 31-1546856 Applied For Not Applicable		
Zip Country			Zip		Cour	intry 5		Certificate of Status Desired	\$8.75 A Fee Regui	dditional
	6. Name	and Address of (urrent Register	ed Agent	· .		7.	Name and Address of New Registe		
BARCAP REALTY SERVICES GROUP, INC GROVE AT LAKELAND SQUARE					Name Street Address (P.O.			O. Box Number is Not Acceptable)		
	HWY 98 N D FL 33809	· ·				City	D11.		FL Zip Co	de
SIGNATURE	Signature, typed o	recoagent. r printed name of register FEE IS \$150.	ed agent and title if app	·		ed office or reg			DATE	
Make Check	May 1, 2003 Payable to	Fee will be \$5	nent of State					Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees
10	<u> </u>	OFFICER	S AND DIRECTO		11.	·	AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P ASTORINO, 3570 US HI LAKELAND	WY 98 N FL 33809		□ Delete					☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	443	হ ু		☐ Delete					☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip				☐ Delete		ı			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip				□ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	**		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the i	nfor mation stronglic	d with this filing	Delete	CITY-S		Santian 4	119.07(3)(i), Florida Statutes. I further	☐ Change	Addition

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report of supplemental reports true and accura-of the corporation or the receiver or trustee empowered to enecul changed, or on an attachment with an address with all other like

SIGNATURE:

Daytime Phone #