•									
2002 UNIFORM BUSINESS REPORT (UBR)						APPRUVE: AND FILED			0016704
DOCUMENT # <b>A9600000776</b>									2
BARON STRATEGIC INVESTMENT FUND II, LTD.						02 MAR 27 PM 12: 10			Ş
						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  Mailing Address  7826 COOPER ROAD  CINCINNATI OH 45242  CINCINNATI OH 45242						;	MEEMIMOULL	ZOMIDA	
2. Principal Place of Business Avov L at Aluka Savaru (2007 at Ava					nd Square	1			
Suite, Apt. #, etc. 510 U.S. Hww 98 N. 3510 U.S. Hwu					Q8 N. DUE BY MAY 1, 2002			02	]
City & State  Okeland  Florida  City & State  City & State					4. FEI Number F0.0037000			Applied For Not Applicable	
2ip 3380	)9	Country  Address of Current I	32609	Cour		<u> </u>		\$8.75 Additional Fee Required	]
MCGRATH, GREGORY  -4561 GULF OF MEXICO DR., #TOT  LONGBOAT KEY FL-34228					Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Square  2510 U.S. Hwy 98 N.  City Over 15 or 12 or 1				
SIGNATURE	Mwwk Signature, typed or pri	bmits this statement for L Wilson inled name of registered agent a \$99.00	the purpose of changing the first title if applicable.  10. Amount of in FLORIDA	K L. Capital Contri	Wilson,		i, in the State of Florida.  3/15/0  DATE  11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		-
							CTIVE WITH THIS OFFICI		1
12.		GENERAL PARTNER		13.	<del>`</del>		ADDRESS CHANGES ONL		┪_
DOCUMENT # NAME	P96000035011 BARON CAPITAL XXXI, INC.  7826 COOPER ROAD CINCINNATI OH 45242			STR	STREET ADDRESS			(9/01)	
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP	,			CR2E003
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NAME STREET ANDRESS CITY-ST-ZIP				CITY	/-ST-ZIP				-
DOCUMENT #				STRI	EET ADDRESS				1
STREET ADDRESS CITY-ST-ZIP				СІТУ	'-ST-ZIP		<u></u>		

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAFLE UPEUN REME

MURAS J. WILLOW V.P.R. EMARK L. W. ISON, VP 3/15/02 5/3 936 3 408
SIGNATURE AND TYPED OR PRINTED NAME OF STIGNING GENERAL PARTNER

Date

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