## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

96 DEC 30 AM 8: 28

1. Name of Limited Partnership		1a. DOCUMENT # <b>A9600000777</b>				F HARFON SALE LOSDE ATHER BANK BANK BANK BANK BANK BANK BERKENDAN (BANK BANK BANK)			
BARON STRATEGIC INVESTMENT FUND, LTD.									
						0017			_
Malling Address		Principal Office Address				3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.		
7795 COOPER ROAD CINCINNATI OH 45242 CINCINNATI OH 45242						04/24/1996			
			OH 45242			3a. Date of Last Report	,		
						4. State or Country of Formation	5b. Amou Contri to dat	butions in FLORIDA	
Mailing Address     Za. Principal Office Address						FL			
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. FEI Number	Applied For  Not Applicable		
City & State		City & State				7. Certificate of Status Desired		\$8.75 Additional	<del> </del>
Zip Country		Zip Country				8. Make check payable to, Dept., of State (See reverse side for fee information			<u>. 1</u>
						• Make check payable to; Dept. o			"
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office					
SCHMERGE, MICHAEL				Name					
28050 U.S. HIGHWAY, 19 NORTH				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301 CLEARWATER FL 34621				Suite, Apt #, etc.					
OLEANWAIEN FL 34021				City FL Zip Code					
10a. Pursuant to the provisions of section to the purpose of changing its regard to am tamiliar with, and acce	istered office or reais	tered aftent, or bo頃, in the	State of Flor	d limited parts ica. Such chac	ership orga nge was au	nized or registered under the laws of t thonized by its general partner(s). I her	he State of Flori reby accept the	da, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)						DATE HONOR ENTITY			
A GENERAL PARTNE	R THAT IS MUST E	BE REGISTER	ED AN!	D ACTIV	PART /E WI	NERSHIP OR OTHE TH THIS OFFICE.		NESS ENTITY	
11. Name(s) of General Partner(s)		11a. (Do NOT Use Post Office Box Numbers)			11b.	City, State & Zip Code	11c.	Registration/ Document Number	4
BARON CAPITAL XXXII, INC	•	7795 COOPER ROAD			CINCINNATI OH 45242		P:	P96000034956	
Section 1. Control of the control of						80002 -01/0: ****2	<del>3</del> /970:	9089 1076-012 ****200.00	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accounse and the my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee chapter 620, Florida Statutes. empowered to execute this report