

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016690 AT

DOCUMENT # A96000000777

1. Entity Name

BARON STRATEGIC INVESTMENT FUND, LTD.

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~% GREGORY K. MCGRATH~~
7826 COOPER RD.
CINCINNATI OH 45242

~~% GREGORY K. MCGRATH~~
7826 COOPER RD.
CINCINNATI OH 45242



2. Principal Place of Business

2. Mailing Address

Grove at Lakeland Square

Grove at Lakeland Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3510 U.S. Hwy 98 N.

3510 U.S. Hwy 98 N.

City & State

City & State

Lakeland Florida

Lakeland Florida

Zip

Country

Zip

Country

33809 U.S.A.

33809 U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

58-2234675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCGRATH, GREGORY~~
~~4561 GULF OF MEXICO DR., #401~~
~~LONGBOAT KEY FL 34228~~

Name
Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Grove at Lakeland Square
3510 U.S. Hwy 98 N.
City
Lakeland FL Zip Code
33809

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 Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000034956
NAME BARON CAPITAL XXII, INC.
STREET ADDRESS 7795 COOPER ROAD
CITY-ST-ZIP CINCINNATI OH 45242

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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: Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE