

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001810

1. Entity Name

BARON STRATEGIC INVESTMENT FUND V, LTD.

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~C/O GREGORY K. MCGRATH~~
7826 COOPER ROAD
CINCINNATI OH 45242

Mailing Address

~~C/O GREGORY K. MCGRATH~~
7826 COOPER ROAD
CINCINNATI OH 45242



2. Principal Place of Business

Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809
Country
U.S.A.

3. Mailing Address

Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809
Country
U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

58-2275820

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Grove at Lakeland Square
3570 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

DOCUMENT # P96000080579
NAME BARON CAPITAL XL, INC.
STREET ADDRESS 7826 COOPER ROAD
CITY-ST-ZIP CINCINNATI OH 45242

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000005190450--6
-04/03/02--01070--011
****150.00 ****150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 #

0016688 AT

CR2E003 (9/01)

STAPLE HERE