

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


**FILED**

04 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A96000001810</b>			
1. Entity Name BARON STRATEGIC INVESTMENT FUND V, LTD.			
Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809		Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>58-2275820</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P96000080579	STREET ADDRESS	3570 US Hwy 98 N.
NAME	BARON CAPITAL XL, INC.	CITY-ST-ZIP	Lakeland, FL 33809
STREET ADDRESS	7826 COOPER ROAD		
CITY-ST-ZIP	CINCINNATI, OH 45242		
DOCUMENT #		STREET ADDRESS	800036058728
NAME		CITY-ST-ZIP	05/11/04 01054 014 **141.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:** *J. Stephen Miller* **4-28-04** **(863)853-2882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #