2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED SECRETARY OF STATE **DOCUMENT # A96000001810** DIVISION OF CORPORATIONS BARÓN STRATEGIC INVESTMENT FUND V, LTD. 05 MAY 11 AM 8: 47 Principal Place of Business Mailing Address GROVE AT LAKELAND SQUARE **GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N. 3570 US HWY 98 N. LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 109 West Commercial Street 109 West Commercial Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-LP CR2E003 (10/03) City & State Sanford, Florida City & State Sanford, Florida Applied For 4. FEI Number 58-2275820 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32771 USA 32771 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NamBarcap Realty Services Group, Inc. BARCAP REALTY SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. 109 West Commercial Street LAKELAND, FL 33809 Zip Code 32771 City Sanford 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. 900055917569 06/03/05--01073-<u>-009</u> **141.25 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P96000080579 DOCUMENT # STREET ADDRESS 109 West Commercial Street NAME BARON CAPITAL XL, INC. STREET ADDRESS 3570 US HWY 98 N. CITY-ST-ZIP Sanford, Florida 32771 CITY-ST-ZIP LAKELAND, FL 33809 DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

-688-7762

SAAR

Date