## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DÖCÜMENT # A9600001811  1. Entity Name				FILED		
BARON STRATEGIC INVESTMENT FUND IV, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place C/O GREGOR 7826 COOPER CINCINNATI O	Y K. MCGRATH ROAD	Mailing Address C/O GREGORY K. MCGRATH 7826 COOPER ROAD CINCINNATI OH 45242-7619			CO MAY - 1 AM 10: 33	
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 58-2263553 Applied For Not Applicable	
Zip	Country	Zip	Count	ry	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	
LIGORITH ORFOODY				Name	N	
MCGRATH, GREGORY 4561 GULF OF MEXICO DR. #101				Street Address (P.O. Box Number is Not Acceptable)		
LONGBOAT KEY FL 34228				City	Zip Code	
					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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record.  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 PARTNEF	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT // NAME STREET ADDRESS	BARON CAPITAL XVII, INC.			ET ADORESS	i	
CITY-ST-ZIP	CINCINNATI OH 45242		CITY-	-ST-ZIP	·	
DOCUMENT # NAME			STRE	ET ADORESS	3000032908839 -06/15/0001050015	
STREET ADDRESS CITY - ST - ZIP			CITY	- ST- ZIP	****150.00 ****150.00	
DOCUMENT# NAME			STRE	ET ADDRESS		
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STREET ADDRESS CITY-ST-ZEP			CITY	-ST-ZIP	:	
DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-21P			CITY-	-ST-ZIP		
DOCUMENT :			STRE	ET ADDRESS	,	
STREET ACORESS CITY-ST-ZIP				-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						