

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016728 AT

DOCUMENT # **A96000001811**

1. Entity Name

**BARON STRATEGIC INVESTMENT FUND IV, LTD.**

02 MAR 27 PM 12:09

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 US Hwy 98 N.*

City & State  
*Lakeland Florida*

Zip Country  
*33809 U.S.A.*

3. Mailing Address

*Grove at Lakeland Square*  
Suite, Apt. #, etc.  
*3570 US Hwy 98 N.*

City & State  
*Lakeland Florida*

Zip Country  
*33809 U.S.A.*

DUE BY MAY 1, 2002

4. FEI Number

**58-2263553**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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  
*Chicago 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 # **P96000080539**  
NAME **BARON CAPITAL XVII, 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800005183708--8**  
**-04/02/02--01052--004**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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