

A9600001812

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 03 OCT 31 AM 10:43

DOCUMENT # A9600001812

1. Name of Limited Partnership

BARON STRATEGIC INVESTMENT FUND III, LTD.

9/24/03

2. Principal Office Address

3250 MARY STREET

Suite, Apt. #, etc.

SUITE 306

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

3250 MARY STREET

Suite, Apt. #, etc.

SUITE 306

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

4. Date Formed or Registered To Do Business in Florida

10/01/96

5. FEI Number

582263472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

99.00

7b. Amount of Capital Contributions in FLORIDA to date:

99.00

8. Name and Address of Current Registered Agent

Name ALAN W. LEVINE, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE

Suite, Apt. #, Etc. SEVENTH FLOOR

City MIAMI

State FL

Zip Code 33131

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 10/23/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner (Do NOT Use Post Office Box Numbers), City, State and Zip Code, 10a. Registration Document Number. Row 1: BARON CAPITAL XVII, INC., GROVE AT LAKELAND SQUARE, 3570 U.S. HWY 98 N, LAKELAND, FLORIDA 33809, P9600080539. Includes handwritten 'REINSTATEMENT 2003' and '300024338753'.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE 10/24/03.

Typed or Printed Name of General Partner Signing Form By Robert Asterino, President Telephone Number



CORPORATION SERVICE COMPANY™

# A96000001812

ACCOUNT NO. : 072100000032

REFERENCE : 303072 128671A

AUTHORIZATION :

COST LIMIT : \$ 650

*Patricia Pizot*

ORDER DATE : October 30, 2003

ORDER TIME : 10:53 AM

ORDER NO. : 303072-015

CUSTOMER NO: 128671A

CUSTOMER: Ms. Grace Rufin  
Levine & Partners, P.a.  
7th Floor  
1110 Brickell Avenue  
Miami, FL 33131

RECEIVED  
03 OCT 31 PM 12:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BARON STRATEGIC INVESTMENT  
FUND III, LTD.

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TALLAHASSEE, FLORIDA

\*\*\*\*\*FILE FIRST\*\*\*\*\*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS \_\_\_\_\_