

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000469**

1. Entity Name

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

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**

APPROVE  
AND  
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**Grove at Lakeland Square**

**3570 U.S. Hwy 98 N.**

**Lakeland Florida**

**Zip 33809**

**Country USA**

3. Mailing Address

**Grove at Lakeland Square**

**3570 U.S. Hwy 98 N.**

**Lakeland Florida**

**Zip 33809**

**Country USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**31-1531650**

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

**Blucap Realty Services Group, Inc.**

**Grove at Lakeland Square**

**3570 U.S. Hwy 98 N.**

**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 # **P97000017026**  
NAME **BARON CAPITAL XLV, 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

**600005190426--0**

**04/03/02 01070-005**

**\*\*\*\*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**

**3/15/02**

**513 936 3408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0016786 AT