SINFLE UMEUN MERE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

2002 UNIFORM BUSINESS REPORT (UBR)				APPRUVE	,
DÖCUMENT # A9700001407 1. Entity Name BARON STRATEGIC INVESTMENT FUND X, LTD.				AND FILED	
				02 MAR 27 PM I2: 10	
Principal Place of Business ** GREGORY K. MCGRATH ***7820 COOPER ROAD CINCINNATI OH 45242		Mailing Address **-GREGORY KMCGRATI- 7826 COOPER ROAD CINCINNATI-OH-45242	+	SECRETARY OF STATE FAULTHASSEE, FLORIDA	Į
2. Principal Pla	L. Latinha I Cana		yand Squar		<u> </u>
Suite, Apt. #	t, etc.	Suite, Apt. #, etc. 3510 U.S. Hu	U 8P N.	DUE BY MAY 1, 2002	
City & State		City & State	Florida	4. FEI Number 31-1547422 Applied For Not Applicat	ole
^{Zip}	Country	^{ZIP} 33809	Country U.S.A.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
7.700	6. Name and Address of Curre			7. Name and Address of New Registered Agent	
4561 GULI LONGBOA	, gregory - of Mexico Dr. #10 1 T Key Fl 34228		Street Address	and FL Ziz-Gade of	
SIGNATURE	named entity submits this statement with the statement of	Son VI N	PACK L.	WISON, VP 3/15/02	
9. Capital Con as Shown o		10. Amount of Capita in FLORIDA to da		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
				SISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12.		VER INFORMATION	13.	ADDRESS CHANGES ONLY	٦,
NAME	P97000055424 BARON CAPITAL LXIV, INC.		STREET ADDRESS		
	7826 COOPER RD. CINCINNATI OH 45242		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		{{\xi}}
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DOCUMENT # NAME			STREET ADDRESS	200005190322 -04/03/0201068002 -04/03/0201068002 ****150.00 ****150.00	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	****120.00	
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DOCUMENT # NAME			STREET ADDRESS		
STREET ADDIESS CITY-ST-ZIFF:			CITY-ST-ZIP		7

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

CITY-ST-ZIP

STREET ADDRESS