

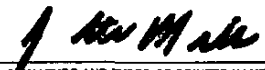


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:47

DOCUMENT # A97000001407 1. Entity Name BARON STRATEGIC INVESTMENT FUND X, LTD.				DIVISION OF CORPORATIONS 05 MAY 11 AM 8:47	
Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809		Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809			
2. Principal Place of Business 109 West Commercial St. Suite, Apt. #, etc.		3. Mailing Address 109 West Commercial St. Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 31-1547422	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY 98 N. LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Barcap Realty Services Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 109 West Commercial Street City Sanford FL Zip Code 32771	
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. I am familiar with, and accept the obligations of registered agent. 000055917550 05/08/05--01073--008 **141.25 DATE					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date.			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000055424 BARON CAPITAL LXIV, INC. 3570 US HWY 98 N. LAKELAND, FL 33809		STREET ADDRESS CITY-ST-ZIP	109 West Commercial Street Sanford, Florida 32771	
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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: 			APR 29 2005 407-688-7762		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		