


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:00

DOCUMENT # A02000001395					
1. Entity Name BAUMAN FAMILY LIMITED PARTNERSHIP II					
Principal Place of Business PO BOX 1003 WENDELL, MA 01379		Mailing Address PO BOX 1003 WENDELL, MA 01379			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 01-0749612	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUMAN, LUCIAN 5021 OAK HILL LANE - APT. 126 DELRAY BEACH, FL 33484			Name Lucian Bauman Street Address (P.O. Box Number is Not Acceptable) Horizon Club 1208 S. Military Trail #1109 City Deerfield Beach FL Zip Code 33442		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$140,333.00		10. Amount of Capital Contributions in FLORIDA to date. 140,333.00			
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	STREET ADDRESS		
NAME	BAUMAN, JEFFREY	52 LOCKE HILL ROAD	CITY-ST-ZIP		
STREET ADDRESS	WENDELL, MA 01379	CITY-ST-ZIP			
CITY-ST-ZIP					
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
NAME			CITY-ST-ZIP	300047508393	
STREET ADDRESS			CITY-ST-ZIP	03/01/05--01053--010 **535.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Jeffrey Bauman</u>			Date: 02/14/05		Daytime Phone #: 978-544-7696
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE