

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED
03 MAR -7 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number
01-0749612

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAUMAN, LUCIAN
5021 OAK HILL LANE - APT. 126
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$140,333.00**

11. **MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BAUMAN, JEFFREY	52 LOCKE HILL ROAD	WENDELL MA 01379

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
	50001222855 02/10/03--01080--020 ***1370.83

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: *[Signature]* **SIGNATURE REQUIRED**

Date: **02/10/03** (978) 544-7696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

STAPLE CHECK HERE