

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 30 AM 8:42

<b>1.</b> Name of Limited Partnership  THE BAUMAN FAMILY LIMITED PARTNERSHIP	<b>1a.</b> DOCUMENT # A98000002570
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<b>Mailing Address</b> 5021 Oak Hill Lane, Apt. 126 Del Ray Beach, Florida 33484	<b>Principal Office Address</b> as above	<b>3.</b> Date Formed or Registered 11/17/98	<b>5a.</b> Capital Contributions as Shown on record. Zero
<b>2.</b> Mailing Address as above		<b>3a.</b> Date of Last Report	
<b>2a.</b> Principal Office Address as above		<b>4.</b> State or Country of Formation Florida	
<b>City &amp; State</b>	<b>City &amp; State</b>	<b>6.</b> FEI Number 52-2002130	
<b>Zip</b>	<b>Country</b>	<b>7.</b> Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)			

<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: \$1,326,130.00
<b>6.</b> FEI Number 52-2002130
<b>7.</b> Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)

<b>9. Name and Address of Current Registered Agent</b>  Lucian Bauman 5021 Oak Hill Lane, Apt. 126 Del Ray Beach, Florida 33484
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<b>10. If changed, new Registered Agent/Office</b> Name 526.25 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Lucian Bauman	5021 oak hill lane Apt - 126	Del Ray Bch 33484	8000002734038--1 -01/08/99--01004--003 ****526.25 ****526.25

**Note:** General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Lucian Bauman* DATE 12/22/98

Typed or Printed Name of General Partner Signing Form Lucian Bauman Daytime Telephone Number (561)498-0909

CR2E003 (8/98)