

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 AUG 23 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A9800 0002510

1. Name of Limited Partnership  
The Bauman Family Limited Partnership

500007367565--9  
-08/27/02--01034--011  
\*\*\*2052.50 \*\*\*2052.50

REINSTATEMENT

2001-  
2002

2. Principal Office Address  
5021 Oak Hill Lane #126  
~~Del Ray Beach, FL~~  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 1009  
~~Wendell, MA~~  
Suite, Apt. #, etc.

4. Date Formed or Registered To Do Business in Florida 11/17/98

5. FEI Number 52-2002130  
Applied For Not Applicable

City & State  
Del Ray Beach, FL  
Zip 33484 Country U.S.A.

City & State  
Wendell, MA  
Zip 01379 Country U.S.A.

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record \$ 1,326,130.00

7b. Amount of Capital Contributions in FLORIDA to date:  
\$ 1,326,130.00

8. Name and Address of Current Registered Agent

Name  
Lucian Bauman  
Street Address (P.O. Box Number is Not Acceptable)  
5021 Oak Hill Lane  
Suite, Apt. #, Etc.  
~~Del Ray Beach, FL~~  
City Del Ray Beach State FL Zip Code 33484

FEES:  
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) J. Bauman DATE 08/19/02

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<u>Lucian Bauman</u>	<u>5021 Oak Hill Lane</u>	<u>Del Ray Beach, FL</u> <u>33484</u>	<u>500007367565--9</u> -08/27/02--01034--012 *****8.75 *****8.75

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 J. Bauman DATE 08/19/02

Typed or Printed Name of General Partner Signing Form Lucian Bauman Telephone Number 928-544-7696

CR2E038 (8/01)