


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 21, 2004 08:00 AM
Secretary of State**

DOCUMENT # A9800002570

1. Entity Name
THE BAUMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**5021 OAK HILL LANE #126
DELRAY BEACH, FL 33484**

Mailing Address
**P.O. BOX 1003
WENDELL, MA 01379**

2. Principal Place of Business
Suite, Apt # etc

3. Mailing Address
Suite, Apt #, etc

City & State

Zip Country



03152004 Chg-LP CR2E003 (10/03)

4. FEI Number
52-2002130

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

9. Capital Contributions as Shown on record. **\$1,326,130.00**

10. Amount of Capital Contributions in FLORIDA to date **1,326,130.00**

52625 * 8.75 = 535.00
1439.50 + 8.75 = 446.25

**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	WENDALL, MA 01379
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	UN0000126448
CITY - ST - ZIP	04/29/04-80011-008 535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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: *Jeffrey Bauman* **04/15/04** **978-544-7394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #