

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 00

DOCUMENT # A98000002570				
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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02142005 Chg-LP CR2E003 (10/03)
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
BAUMAN, LUCIAN 5021 OAK HILL LANE DELRAY BEACH, FL 33484		Name Lucian Bauman		
		Street Address (P.O. Box Number is Not Acceptable) Horizon Club - 1208 S. Military Trail # 1109,		
		City Deersfield Beach, FL		Zip Code 33442
		4. FEI Number 52-2002130		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
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. \$1,326,130.00		10. Amount of Capital Contributions in FLORIDA to date. 1,326,130.00		02/14/05
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	
	BAUMAN, JEFFREY			
STREET ADDRESS	52 LOCKE HILL ROAD		CITY-ST-ZIP	
CITY-ST-ZIP	WENDALL, MA 01379			
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STREET ADDRESS			CITY-ST-ZIP	
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: Jeffrey Bauman		Date: 02/14/05		Daytime Phone #: 978-544-7394
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				

STAPLE CHECK HERE

[Handwritten initials]



02142005 Chg-LP CR2E003 (10/03)

4. FEI Number **52-2002130** Applied For Not Applicable

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

Name **Lucian Bauman**
Street Address (P.O. Box Number is Not Acceptable)
**Horizon Club - 1208 S. Military Trail
1109,**
City **Deersfield Beach, FL** Zip Code **33442**

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

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

02/14/05

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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	200047789222
CITY-ST-ZIP	03/07/05--01019--015 **535.00
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CITY-ST-ZIP	
STREET ADDRESS	
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SIGNATURE: **Jeffrey Bauman** Date: **02/14/05** Daytime Phone #: **978-544-7394**

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