


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 9:51

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
 1208 S. Military Trail #109
 Deerfield Beach


3. Mailing Address
 Suite, Apt. #, etc.

City & State
 FL

City & State

Zip
 33442 US

Country



03072006 Chg-LP CR2E003 (11/05)

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
 HORIZON CLUB
 1208 S MILITARY TRAIL #1109
 DEERFIELD BEACH, FL 33442

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 S. B. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	BAUMAN, JEFFREY	STREET ADDRESS	
NAME	52 LOCKE HILL ROAD	CITY-ST-ZIP	
STREET ADDRESS	WENDALL, MA 01379		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800069949198
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 03/6/06 978-544-7696

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