


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A02000001395 1. Entity Name BAUMAN FAMILY LIMITED PARTNERSHIP II	
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Principal Place of Business PO BOX 1003 WENDELL, MA 01379	Mailing Address PO BOX 1003 WENDELL, MA 01379
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2. Principal Place of Business Suite, Apt. #, etc. 11	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03152004 Chg-LP CR2E003 (10/03)

4. FEI Number 01-0749612	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUMAN, LUCIAN 5021 OAK HILL LANE - APT. 126 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
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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. \$140,333.00	10. Amount of Capital Contributions in FLORIDA to date. \$140,333.00	526.25 DATE 4-8-05 535.00 8439-50+8-75=446-25
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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	
NAME	BAUMAN, JEFFREY	CITY-ST-ZIP	
STREET ADDRESS	52 LOCKE HILL ROAD		
CITY-ST-ZIP	WENDELL, MA 01379		
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 04/29/04-80011-007 535.00

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: 	03/15/04 978-544-7696
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>