

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:00

DOCUMENT # A02000001395

1. Entity Name  
BAUMAN FAMILY LIMITED PARTNERSHIP II



Principal Place of Business  
PO BOX 1003  
WENDELL, MA 01379

Mailing Address  
PO 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)

4. FEI Number  
01-0749612

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMAN, LUCIAN  
5021 OAK HILL LANE - APT. 126  
DELRAY BEACH, FL 33484

Name  
Lucian Bauman

Street Address (P.O. Box Number is Not Acceptable)

Horizon Club

1208 S. Military Trail #1109

City  
Deerfield Beach FL Zip Code 33442

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

DATE

9. Capital Contributions as Shown on record. \$140,333.00

10. Amount of Capital Contributions in FLORIDA to date. 140,333.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BAUMAN, JEFFREY  
52 LOCKE HILL ROAD  
WENDELL, MA 01379

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02/14/05 978-544-7696

STAPLE CHECK HERE