2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000065

1. Entity Name

Jeffrey D. Baumann Family Limited Partnership

FILED

01 MAY -3 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1648 Bridgewater Drive Heathrow, FL 38746	1648 Bridgewater Drive Heathrow, FL 38746

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5/3 DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 59-3437400 ☐ 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
Jeffrey D. Baumann 1648 Bridgewater Drive Heathrow, FL 38746	Name N/A 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.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$69,651	$180,082	

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 Baumann, Jeffrey D. 1648 Bridgewater Dr. Heathrow, FL 38746	STREET ADDRESS CITY-ST-ZIP 600004272096--5 -05/18/01--01118--025 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP Baumann, Nancy L. 1648 Bridgewater Dr. Heathrow, FL 38746	STREET ADDRESS CITY-ST-ZIP 600004272096--5 -05/18/01--01118--026 ****437.50 ****437.50
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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] 4/30/01 (352)735-2020

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