


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A97000000065</b>					
1. Entity Name <b>JEFFREY D. BAUMANN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1648 BRIDGEWATER DRIVE HEATHROW, FL 38746</b>		Mailing Address <b>1648 BRIDGEWATER DRIVE HEATHROW, FL 38746</b>			
2. Principal Place of Business <b>1</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3437400</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAUMANN, JEFFREY D 1648 BRIDGEWATER DRIVE HEATHROW, FL 38746</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>05/05/04--01009--018 **526.25</b> City <b>FL</b> 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 <u>N/A</u> DATE					
9. Capital Contributions as Shown on record: <b>\$221,705.00</b> 10. Amount of Capital Contributions in FLORIDA to date: <b>\$259,258</b>					
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	BAUMANN, JEFFREY D		CITY-ST-ZIP		
STREET ADDRESS	1648 BRIDGEWATER DRIVE				
CITY-ST-ZIP	HEATHROW, FL 38746				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BAUMANN, NANCY L		CITY-ST-ZIP		
STREET ADDRESS	1648 BRIDGEWATER DRIVE				
CITY-ST-ZIP	HEATHROW, FL 38746				
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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: <u>[Signature]</u> 4/29/04 (352) 735-2020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

**FILED**

2004 JUL 28 P 2:07

SECRETARY OF STATE  
TALLAHASSEE



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