

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000065

1. Entity Name

JEFFREY D. BAUMANN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1648 BRIDGEWATER DRIVE
HEATHROW, FL 38746

Mailing Address

1648 BRIDGEWATER DRIVE
HEATHROW, FL 38746

DO NOT WRITE IN THIS SPACE



01312006 No Chg-LP

CR2E003 (11/05)

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

BAUMANN, JEFFREY D
1648 BRIDGEWATER DRIVE
HEATHROW, FL 38746

**DO NOT WRITE
IN THIS SPACE**

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

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

DOCUMENT #

NAME

BAUMANN, JEFFREY D

STREET ADDRESS

1648 BRIDGEWATER DRIVE

CITY - ST - ZIP

HEATHROW, FL 38746

DOCUMENT #

NAME

BAUMANN, NANCY L

STREET ADDRESS

1648 BRIDGEWATER DRIVE

CITY - ST - ZIP

HEATHROW, FL 38746

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

14.

**PLEASE
SIGN**

I 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 supplied 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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**DO NOT WRITE
IN THIS SPACE**

000000454373
03/15/06-80014-002 500.00

2/17/06 (352) 735-2020
Date Date-time Phone #