

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 27, 2008 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**



02142008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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, 2008, 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	<b>BAUMANN, JEFFREY D</b>
STREET ADDRESS	<b>1648 BRIDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>HEATHROW, FL 38746</b>
DOCUMENT #	
NAME	<b>BAUMANN, NANCY L</b>
STREET ADDRESS	<b>1648 BRIDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>HEATHROW, FL 38746</b>
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04/10/08-80012-015 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby 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 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 #

**3/18/08 (407) 333 9905**

STAPLE CHECK HERE