

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:00

DOCUMENT # A98000002570 1. Entity Name THE BAUMAN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5021 OAK HILL LANE #126 DELRAY BEACH, FL 33484			Mailing Address P.O. BOX 1003 WENDELL, MA 01379		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02142005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 52-2002130	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMAN, LUCIAN 5021 OAK HILL LANE DELRAY BEACH, FL 33484				7. Name and Address of New Registered Agent Name Lucian Bauman Street Address (P.O. Box Number is Not Acceptable) Horizon Club- 1208 S. Military Trail # 1109, City Deersfield 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,326,130.00		10. Amount of Capital Contributions in FLORIDA to date. 1,326,130.00		02/14/05	
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	BAUMAN, JEFFREY		CITY-ST-ZIP		
STREET ADDRESS	52 LOCKE HILL ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	WENDALL, MA 01379		CITY-ST-ZIP		
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CITY-ST-ZIP			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><i>Jeffrey Bauman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 02/14/05		Daytime Phone # 978-544-7394

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