

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # B04000000228

1. Entity Name
BAUMANN & BAUMANN KG & CO. LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUN 21 AM 11:04

Principal Place of Business
HIRSACKERSTRASSE 33
8810 HORGEN, SWITZERLAND, CH 8810

Mailing Address
HIRSACKERSTRASSE 33
8810 HORGEN, SWITZERLAND, CH 8810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05242006 Chg-LP CR2E003 (11/05)

4. FEI Number
NOT APPLICABLE

☒ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
LANCASTER & COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
50 W. MASHTA DRIVE, # 6

City
KEY BISCAYNE **FL** Zip Code
33149

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
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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
BAUMANN, WILLY
 STREET ADDRESS
HIRSACKERSTRASSE 33
 CITY-ST-ZIP
8810 HORGEN, SWITZERLAND, CH 8810

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
BAUMANN, REGULA
 STREET ADDRESS
HIRSACKERSTRASSE 33
 CITY-ST-ZIP
8810 HORGEN, SWITZERLAND, CH 8810

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

600076752046
05/30/06--01010--023 **500.00

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 #