

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000496 1. Entity Name BAUCOM'S REAL ESTATE LIMITED PARTNERSHIP					
Principal Place of Business BAUCOM'S NURSERY COMPANY 10020 JOHN RUSSELL RD. CHARLOTTE, NC 28213			Mailing Address P.O. BOX 560008 CHARLOTTE, NC 28256-0008		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01192004 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 56-1962725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BAUCOM'S NURSERY COMPANY DBA BAUCOM'S OF FLORIDA/ATTN CHARLES LUBBER 300 BRITT RD MT. DORA, FL 32757	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 date if applicable</small>	
9. Capital Contributions as Shown on record. \$515,400.00		10. Amount of Capital Contributions in FLORIDA to date.		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 CITY - ST - ZIP	BAUCOM, GARY C 10020 JOHN RUSSELL ROAD CHARLOTTE, NC 28213		STREET ADDRESS CITY - ST - ZIP		
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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:			4-28-04 704-596-3220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Office Phone #</small>		

STAPLE CHECK HERE