

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B96000000496

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** BAUCOM'S REAL ESTATE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

BAUCOM'S NURSERY COMPANY  
10020 JOHN RUSSELL RD.  
CHARLOTTE, NC 28213

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560008  
CHARLOTTE, NC 282560008

**New Mailing Address:**

**FEI Number:** 56-1962725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUCOM'S NURSERY COMPANY  
DBA BAUCOM'S OF FLORIDA/ATTN CHARLESLUBBER  
300 BRITT RD  
MT. DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 515,400.00

**Amount of Capital Contributions in Florida to date:** 515,400.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: BAUCOM, GARY C  
Address: 10020 JOHN RUSSELL ROAD  
City-St-Zip: CHARLOTTE, NC 28213

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY C. BAUCOM

GP

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date