


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001249</b>	
1. Entity Name <b>BRONSON ENTERPRISES, LLLP</b>	

Principal Place of Business <b>2200 OLD VINELAND ROAD KISSIMMEE FL 34746</b>	Mailing Address <b>2200 OLD VINELAND ROAD KISSIMMEE FL 34746</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-7187610</b>	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>BRONSON, JOHN W 2200 OLD VINELAND ROAD KISSIMMEE FL 34746</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>3,000,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<i>John W Bronson</i> BRONSON, JOHN W TRUSTEE	STREET ADDRESS	
NAME	2200 OLD VINELAND ROAD	CITY-ST-ZIP	U00000069159 02/28/04-80001-019 526.25
STREET ADDRESS	KISSIMMEE FL 34746		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	BRONSON, EVELYN D TRUSTEE		
NAME	2200 OLD VINELAND ROAD	STREET ADDRESS	
STREET ADDRESS	KISSIMMEE FL 34746	CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

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: *John W Bronson* **John W. Bronson** **2-3-04** **407-396-2197**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #