


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0000001249					
1. Entity Name BRONSON ENTERPRISES, LLLP					
Principal Place of Business 2200 OLD VINELAND ROAD KISSIMMEE FL 34746			Mailing Address 2200 OLD VINELAND ROAD KISSIMMEE FL 34746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-7187610	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRONSON, JOHN W 2200 OLD VINELAND ROAD KISSIMMEE FL 34746				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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.				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 3,000,000.00			
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	000000202509	
	BRONSON, JOHN W TRUSTEE	2200 OLD VINELAND ROAD	KISSIMMEE FL 34746	01/28/05-80113-016 526.25	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	BRONSON, EVELYN D TRUSTEE	2200 OLD VINELAND ROAD	KISSIMMEE FL 34746		
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1ST MOORE CR2E003 (10/04)

STATE 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 Gen part.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 1/28/05 Daytime Phone #: 407-596-2197