



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 10:42

<b>DOCUMENT # A05000001225</b>	
1. Entity Name <b>BMSTONE LIMITED PARTNERSHIP</b>	

Principal Place of Business 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	Mailing Address 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411
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2. Principal Place of Business <i>1625 FLAGLER MANOR CIRCLE</i> Suite, Apt. #, etc.	3. Mailing Address <i>1625 FLAGLER MANOR Circle</i> Suite, Apt. #, etc.
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 01122006 Chg-LP CR2E003 (11/05)

City & State	City & State	4. FEI Number <i>20-3027195</i>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STONE, BARRY S 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411 (F)		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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	P05000085574 BMSTONE HOLDINGS, INC. 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	STREET ADDRESS CITY-ST-ZIP	<i>1625 FLAGLER MANOR Circle</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(F)	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *Barry S. Stone* Date: *7-11-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date