2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # A0500001225 1. Entity Name BMSTONE LIMITED PARTNERSHIP			Secretary of St
Principal Place of Business 1625 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411 Mailing Address 1625 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			01152007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
STONE, BARRY S 1625 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411			DO NOT WRITE IN THIS SPACE
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. 3-15-07			
SIGNATURE Signature, typed of printed name of registered agent and tide if applicable.			
FILE NOW!!! FEE IS \$500.00 U00000654440 After May 1, 2007, Fee will be \$900.00 03/13/07-80062-002 500.00			
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 DOCUMENT / P05000085574			
NAME STREET ADDRESS CITY-ST-ZIP	BMSTONE HOLDINGS, INC. 1625 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME			
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filling does not qualify for the ex	kemptions contained	d in Chapter 119, Florida Statutes. I further certify that the information
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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNARGUENERAL PARTNER