


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001249			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRONSON, JOHN W 2200 OLD VINELAND ROAD KISSIMMEE FL 34746		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.			
SIGNATURE _____		DATE _____	



1st MOORE CR2E003 (10/06)

4. FEI Number 59-7187610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	BRONSON, JOHN W TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	2200 OLD VINELAND ROAD		
CITY - ST - ZIP	KISSIMMEE FL 34746		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRONSON, EVELYN D TRUSTEE		
STREET ADDRESS	2200 OLD VINELAND ROAD		
CITY - ST - ZIP	KISSIMMEE FL 34746		
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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: *John W Bronson* *John W Bronson* *Gen Part.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-30-07 407-396-2197
Date Daytime Phone #

STAPLE CHECK HERE