


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A00000002041	
1. Entity Name WILSON STONE HEARTH FARM LIMITED PARTNERSHIP	

Principal Place of Business 321 NORTH LAKE WAY PALM BEACH FL 33480	Mailing Address 321 NORTH LAKE WAY PALM BEACH FL 33480
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

SEC. 11-52, STATE
DIVISION

06 FEB 20 AM 8:51



JS

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent SHELTON, JOHN W 340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Nancy W. Mendel Street Address (P.O. Box Number is Not Acceptable) 321 North Lake Way City Palm Beach FL Zip Code 33480	
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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 *Nancy W. Mendel* DATE *2/6/06*

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #		STREET ADDRESS	
NAME	WILSON, VIRGINIA B	CITY-ST-ZIP	
STREET ADDRESS	321 NORTH LAKE WAY		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	000066800290
NAME	MERDEL, NANCY W	CITY-ST-ZIP	02/28/06--01017--015 **500.00
STREET ADDRESS	321 N LAKE WAY		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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 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: *Nancy W. Mendel* DATE *2/6/06* (561) 315-0617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER