

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001794

1. Entity Name
W. STANLEY PROCTOR BRONZES, L.L.L.P.



FILED
 05 APR 27 PM 5:28
 SECRETARY OF STATE
 TALLAHASSEE, FL

Principal Place of Business 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317	Mailing Address 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317
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2. Principal Place of Business	3. Mailing Address	<i>BSK</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	



01142005 Chg-LP CR2E003 (10/03)

4. FEI Number
APPLIED FOR Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PROCTOR, W. STANLEY
 1844 CHARDONNAY PLACE
 TALLAHASSEE, FL 32317

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

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. <i>0</i>
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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 #	PROCTOR, W. STANLEY	STREET ADDRESS	
NAME	1844 CHARDONNAY PLACE	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32317		
CITY-ST-ZIP			
DOCUMENT #	PROCTOR, MELINDA L	STREET ADDRESS	
NAME	1844 CHARDONNAY PLACE	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32317		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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: *W. Stanley Proctor* 1/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #