
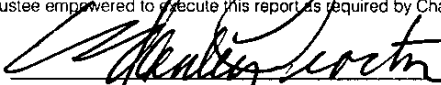


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 28 AM 9:11

DOCUMENT # A03000001794					
1. Entity Name W. STANLEY PROCTOR BRONZES, L.L.L.P.					
Principal Place of Business 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317		Mailing Address 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROCTOR, W. STANLEY 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317			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 Due by September 6, 2006				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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	300079467333	
STREET ADDRESS	PROCTOR, W. STANLEY		CITY-ST-ZIP		
CITY-ST-ZIP	1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317			08/08/06--01026--013 **500.00	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	PROCTOR, MELINDA L		CITY-ST-ZIP		
CITY-ST-ZIP	1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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: 			W. STANLEY PROCTOR 7/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
			(850) 294-1933		

STAPLE CHECK HERE