

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

07 FEB 23 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01202007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A03000001794</b>				
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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> 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	
			<b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>				
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	
	PROCTOR, W. STANLEY			
	1844 CHARDONNAY PLACE		CITY - ST - ZIP	
	TALLAHASSEE, FL 32317			
DOCUMENT #	NAME		STREET ADDRESS	
	PROCTOR, MELINDA L			
	1844 CHARDONNAY PLACE		CITY - ST - ZIP	
	TALLAHASSEE, FL 32317			
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			CITY - ST - ZIP	
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			CITY - ST - ZIP	
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			CITY - ST - ZIP	
DOCUMENT #	NAME		STREET ADDRESS	
			CITY - ST - ZIP	
800089613388 02/27/07--01057--009 **500.00				
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: <i>W. Stanley Proctor</i>			1/25/07	8505620000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE

*[Handwritten Signature]*