

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001794

**FILED**  
**Feb 03, 2008**  
**Secretary of State**

**Entity Name:** W. STANLEY PROCTOR BRONZES, L.L.L.P.

**Current Principal Place of Business:**

1844 CHARDONNAY PLACE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

1844 CHARDONNAY PLACE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 20-1056762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PROCTOR, W. STANLEY  
Address: 1844 CHARDONNAY PLACE  
City-St-Zip: TALLAHASSEE, FL 32317

Document #:

Name: PROCTOR, MELINDA L  
Address: 1844 CHARDONNAY PLACE  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

02/03/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date