

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001794

**FILED**  
**Feb 04, 2010**  
**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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

02/04/2010

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

\_\_\_\_\_  
Date