

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 AM 10:42

<b>DOCUMENT # A05000001225</b>	
1. Entity Name BMSTONE LIMITED PARTNERSHIP	

Principal Place of Business 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	Mailing Address 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411
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2. Principal Place of Business <i>1625 FLAGLER MANOR CIRCLE</i> Suite, Apt. #, etc.	3. Mailing Address <i>1625 FLAGLER MANOR Circle</i> Suite, Apt. #, etc.
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*[Handwritten Signature]*



01122006 Chg-LP CR2E003 (11/05)

City & State	City & State	4. FEI Number <i>20-3027195</i>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STONE, BARRY S 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411 <i>(F)</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  
After May 1, 2006, Fee will be \$900.00**

**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 CITY-ST-ZIP	P05000085574 BMSTONE HOLDINGS, INC. 1625 GLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	STREET ADDRESS CITY-ST-ZIP	<i>1625 FLAGLER MANOR Circle</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>(F)</i>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000074078100</b> <b>05/05/06--01045--004 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *Berry S. Stone* Date: *7-11-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date