


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

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A14365</b> 1. Entity Name BRONSON VILLAS, LTD	
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Principal Place of Business 613 12TH STREET LEESBURG, FL 34748	Mailing Address 613 12TH STREET LEESBURG, FL 34748
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03072006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2453756	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MAGALSKI, BARBARA ANN 613 12TH STREET LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

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	
DOCUMENT #	
NAME	MAGALSKI, BARBARA ANN
STREET ADDRESS	613 12TH STREET
CITY- ST- ZIP	LEESBURG, FL 34748
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000515298  
04/29/06-80202-022 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Barbara Magalski* **4-13-06 (352) 782-2700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE