

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A14365

1. Entity Name
BRONSON VILLAS, LTD



Principal Place of Business
**613 12TH STREET
LEESBURG, FL 34748**

Mailing Address
**613 12TH STREET
LEESBURG, FL 34748**



03272008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

8. Name and Address of Current Registered Agent

**MAGALSKI, BARBARA ANN
613 12TH STREET
LEESBURG, FL 34748**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000923829
05/16/08-80049-011 508.75

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 |

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| DOCUMENT # | |
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| STREET ADDRESS | |
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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 **Barbara Magalski** 4/23/08 352-787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE