


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 14 AM 8:27

DOCUMENT # A96000000606				
1. Entity Name BRONSON RANCH, LTD.				
Principal Place of Business APPROX. 2.5 MILES EAST OF COUNTY RD. 523 ST. CLOUD, FL		Mailing Address 3812 SAMPSON CT. TALLAHASSEE, FL 32312		
2. Principal Place of Business 4385 W. US Hwy 90 Madison, FL 32340		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3427989
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FELDMAN, H. JOHN 215 N. JOANNA AVE TAVARES, FL 32778-3200			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$2,042,141.00		10. Amount of Capital Contributions in FLORIDA to date.		
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	
	CHARLES H. BRONSON & RAYMOND G. BRONSON			
	CO-TRUSTEES/ 3812 SAMPSON COURT		CITY-ST-ZIP	
	TALLAHASSEE, FL 32312			
DOCUMENT #	NAME		STREET ADDRESS	
	BRONSON, RAYMOND G			
	P.O. BOX 700388		CITY-ST-ZIP	
	ST. CLOUD, FL 347700388			
DOCUMENT #	NAME		STREET ADDRESS	
	BRONSON, CHARLES HUBERT			
	3812 SAMPSON COURT		CITY-ST-ZIP	
	TALLAHASSEE, FL 32312			
DOCUMENT #	NAME		STREET ADDRESS	
	BRONSON, RAYMOND G TRUSTEE			
	P.O. BOX 700388		CITY-ST-ZIP	
	ST. CLOUD, FL 34770			
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles H Bronson</u>		Date: <u>Jan 9 2005</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		

STAPLE CHECK HERE

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