2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000000606

Principal Place of Business

4385 W. US HWY 90

MADISON, FL 32340

BRONSON RANCH, LTD.

Mailing Address

3812 SAMPSON CT.

TALLAHASSEE, FL 32312

FILED Apr 13, 2006 08:00 AM Secretary of State



04112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3427989 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRONSON, RAYMOND G TRUSTEE

P.O. BOX 700388

ST. CLOUD, FL 34770

FELDMAN, H. JOHN 215 N. JOANNA AVE. TAVARES, FL 32778-3200		DO NOT WRITE IN THIS SPACE
	 named entity submits this statement for the purpose of changing its re- lions of registered agent. 	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of teglistered agent and this it applicable		DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP	CHARLES H. BRONSON & RAYMOND G. BRONSON CO-TRUSTEES/ 3812 SAMPSON COURT TALLAHASSEE, FL 32312	USBSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP	BRONSON, RAYMOND G P.O. BOX 700388 ST. CLOUD, FL 347700388	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	BRONSON, CHARLES HUBERT 3812 SAMPSON COURT TALLAHASSEE, FL 32312	DO NOT WRITE

STAPLE CHECK

DOCUMENT # NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME STREET ACCRESS 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 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:

MILE H STONEON
TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

IN THIS SPACE