

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000116

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** TROY S. BRONSON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1400 S.R. 437A  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1069  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 59-3499466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRONSON, TROY S  
1400 S.R. 437A  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BRONSON, TROY S TRUSTEE

Address: PO BOX 1069

City-St-Zip: APOPKA, FL 32703

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TROY S BRONSON

GP

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date