


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001039	
1. Entity Name BRANTLEY, LTD.	

Principal Place of Business 1460 WEST LAKE BRANTLEY ROAD LONGWOOD FL 32779	Mailing Address 1460 WEST LAKE BRANTLEY ROAD LONGWOOD FL 32779
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3585548	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEANE, KENNETH M 1460 WEST LAKE BRANTLEY ROAD LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

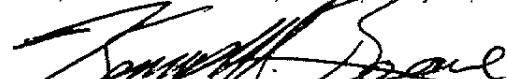
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
NAME	BEANE, KENNETH M TRUSTEE	CITY-ST-ZIP	000000453090
STREET ADDRESS	1460 WEST LAKE BRANTLEY ROAD		03/14/06-80006-013 500.00
CITY-ST-ZIP	LONGWOOD FL 32779		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KRAUSE, EILEEN L TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1460 WEST LAKE BRANTLEY ROAD		
CITY-ST-ZIP	LONGWOOD FL 32779		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **2/24/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #