

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -4 PM 2: 17

1. Name of Limited Partnership MONTICELLO LTD.	1a. DOCUMENT # A20111
--	---------------------------------



Mailing Address 20721 S.W. 46TH AVENUE NEWBERRY FL 32669	Principal Office Address 20721 S.W. 46TH AVENUE NEWBERRY FL 32669	3. Date Formed or Registered 06/05/1985	5a. Capital Contributions as Shown on record. \$294,150.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date: 294,150.00
		4. State or Country of Formation FL	6. FEI Number 59-2550246 ☐ Applied For ☐ Not Applicable
		7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BROWN, LEWIS, JR. 5700 S.W. 34TH STREET SUITE 1307 GAINESVILLE FL 32608	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BROWN, LEWIS JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4020 NEWBERRY RD. STE	11b. City, State & Zip Code GAINESVILLE FL	11c. Registration/ Document Number 800002004348--7 -11/14/96--01039--002 ****585.00 ****585.00
--	--	--	---

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

LEWIS BROWN

DATE

Daytime Telephone Number

**29 Oct '96
352-472-3952**

CR2E003 (6/96)