

2004 APR 28 2004P 7:22AM
PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

No. 9383 P. 2

DOCUMENT # A20111

1. Entity Name

MONTICELLO LTD.



Principal Place of Business

20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

Mailing Address

20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2550246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, NORITA V
20721 SW 46TH AVE.
NEWBERRY FL 32669

Name

Street

Susan Adams

Hallmark Group Services of Florida, LLC

4040 Newberry Road, Suite 1000

City

Gainesville, FL 32607

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$294,150.00

10. Amount of Capital Contributions
in FLORIDA to date.

MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
CITY - ST - ZIP

BROWN, LEWIS JR.
4020 NEWBERRY RD. STE. 500
GAINESVILLE FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

200036862562
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

23 APR 2004

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE