

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -8 AM 10:30

DOCUMENT # A20111

1. Entity Name
 MONTICELLO LTD.



Principal Place of Business
 3111 PACES MILL ROAD, STE A250
 ATLANTA, GA 30339

Mailing Address
 3111 PACES MILL ROAD, STE A250
 ATLANTA, GA 30339

2. Principal Place of Business - No P.O. Box #
 14168 S. Waukegan St

3. Mailing Address



01032007 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Monticello, FL

City & State

4. FEI Number
 59-2550246

Applied For
 Not Applicable

Zip
 32344

Country

Zip

Country

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

ADAMS, SUSAN
 HALLMARK GROUP SERVICES OF FLORIDA LLC
 4040 NEWBERRY ROAD., SUITE 1000
 GAINESVILLE, FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100088247151
 02/13/07--01053--005 **\$08.75

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 CITY-ST-ZIP

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: Susan Adams, Registered Agent

2-7-07

352-224-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE