


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 038 ****50.00

DOCUMENT # L03000017533

1. Entity Name
 JEFFERSON ARMS APARTMENTS OF MONTICELLO, LLC



Principal Place of Business 1075 E MANN RD. BARTOW, FL 33830	Mailing Address 1075 E MANN RD. BARTOW, FL 33830
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20066313



07012005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3710116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~FERNANDEZ, KRISTOPHER E~~
 307 S. BOULEVARD STE. D
 TAMPA, FL 33606

CHARLES E. HEIDEN
 3890 GREENWAY DR
 OFFICE
 SARASOTA, FL. 34232

DO NOT WRITE IN THIS SPACE

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 *CHARLES E. HEIDEN Charles E Heiden, Mgr and Sole Member of* 7/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$50.00
Due by September 7, 2005

Jefferson Arms Apt of Monticello LLC

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIDEN, CHARLES E 1075 E MAN RD. BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *CHARLES E. HEIDEN Charles E Heiden, Mgr and Sole Member of*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Jefferson Arms Apt of Monticello LLC