


**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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
--	--

**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-LLC CRZE063 (11/05)

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

HEIDEN, CHARLES E  
3890 GREENWAY DRIVE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign with typed or printed name of registered agent and sign if applicable. (None, red-inked Agent signature required when registering)

Filing Fee is \$50.00  
Due by May 1, 2006

7. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIDEN, CHARLES E 1075 E MANN RD. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000505194  
04/26/06-80107-010 50.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Beverly D Ward Beverly D. WARD 4-7-06 941-371-4578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE