2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A04008

1. Entity Name

MONTREAL, LTD.

FILED

01 JUN 25 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10 S. HARBOR CITY BLVD MELBOURNE FL 32901	10 S. HARBOR CITY BLVD MELBOURNE FL 32901

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number **59-1509437**	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
PRUITT, JAMES H. 10 SOUTH HARBOR CITY BOULEVARD MELBOURNE FL 32901	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$188,000.00**	10. Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO 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 # 259720 NAME JAMES H. PRUITT REAL ESTATE, INC. STREET ADDRESS 10 S. HARBOR CITY BLVD. CITY-ST-ZIP MELBOURNE FL 32901	STREET ADDRESS CITY-ST-ZIP 0000004451530--2
DOCUMENT # NAME UNDERILL, H. J III STREET ADDRESS 490 N. HARBOR CITY BLVD. CITY-ST-ZIP MELBOURNE FL 32901	STREET ADDRESS -06/29/01--01039--019 CITY-ST-ZIP — ****526.25 ****526.25
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CR2E003 (11/00)

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: _James H. Pruitt   James H. PRUITT_ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #