
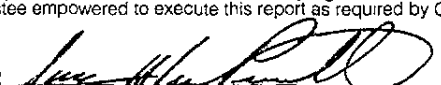


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A04008					
1. Entity Name MONTREAL, LTD.					
Principal Place of Business 10 S. HARBOR CITY BLVD MELBOURNE FL, 32901		Mailing Address 10 S. HARBOR CITY BLVD MELBOURNE FL, 32901			
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 59-1509437	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PRUITT, JAMES M 10 SO. HARBOR CITY BLVD. MELBOURNE, FL 32901				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
9. Capital Contributions as Shown on record. \$188,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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.	STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE, FL 32901	CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS			
NAME	UNDERILL, H. J III	CITY - ST - ZIP			
STREET ADDRESS	490 N. HARBOR CITY BLVD.				
CITY - ST - ZIP	MELBOURNE, FL 32901				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
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:  JAMES MICHAEL PRUITT 2/18/05 321-723-1147					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE