

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20111

1. Entity Name

MONTICELLO LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 AM 8:51

Principal Place of Business

Mailing Address

20721 S.W. 46TH AVENUE  
NEWBERRY FL 32669

20721 S.W. 46TH AVENUE  
NEWBERRY FL 32669-4714

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

59-2550246

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

BROWN, LEWIS, JR.  
5700 S.W. 34TH STREET  
SUITE 1307  
GAINESVILLE FL 32608

Name

Norma V. Davis

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

20721 SW 46th Ave

City

Newberry

FL

32669

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

25 FEB '00

9. Capital Contributions  
as Shown on record.

\$294,150.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BROWN, LEWIS JR.  
4020 NEWBERRY RD. STE. 500  
GAINESVILLE FL

STREET ADDRESS

CITY - ST - ZIP

inf 3/23/00

DOCUMENT #  
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CITY - ST - ZIP

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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #