

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 21 PM 2: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A20111

1. Entity Name  
MONTICELLO LTD.



Principal Place of Business  
20721 S.W. 46TH AVENUE  
NEWBERRY, FL 32669

Mailing Address  
20721 S.W. 46TH AVENUE  
NEWBERRY, FL 32669



2. Principal Place of Business  
3111 Paces Mill Road  
Suite, Apt. #, etc.  
Suite A250

3. Mailing Address  
3111 Paces Mill Road  
Suite, Apt. #, etc.  
Suite A250

03032005 Chg-LP CR2E003 (10/03)

City & State  
Atlanta, Ga  
Zip 30339 Country Cobb

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Atlanta, Ga  
Zip 30339 Country Cobb

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  
ADAMS, SUSAN  
HALLMARK GROUP SERVICES OF FLORIDA LLC  
4040 NEWBERRY ROAD, SUITE 1000  
GAINESVILLE, FL 32607

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$294,150.00

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

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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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: Susan Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05  
Date Daytime Phone #

STAPLE CHECK HERE