A20111

questor's Name)					
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COVER LETTER

Division of Corporations				
UBJECT: Monticello Ltd.				
Name of Limited Partnership or Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A20111			
The enclosed Statement of Change of Regifee(s) are submitted for filing.	stered Office and/or Registered Agent and			
Please return all correspondence concernin	g this matter to:			
April Cliche				
Contact Person	·····			
Monticello Ltd.				
Firm/Company				
3111 Paces Mill Rd. Ste. A-	250			
Address				
Atlanta, GA 30339				
City, State and Zip Code				
acliche@hallmarkco.	com			
E-mail address: (to be used for future annual r	eport notification)			
For further information concerning this ma	tter, please call:			
April Cliche	at (
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a \$35.00 check made payable t	o the Florida Department of State.			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Montic	ello Ltd.			
Na	ame of Limited Partnership or Li	mited Liability Li	mited Partnersh	ip	
2.	06/05/1985	3.	A201	1 1	
Date of filing/registration in Florida		· · · · · · · · · · · · · · · · · · ·	Florida docume	ment number	
4. The name of the re Department of State:	egistered agent and the registered	l office address as	shown on the re	ecords of the Florida	
	Susan	Adams			
	Na	me			
	e 950B				
	Add	lress			
	Gainesville	, FL 32607			
	City, Stat	e and Zip		Po o	
5. The name and Flo	rida street address of the new reg	istered agent and	or office:	ECHETA	
	The Hallmark C	ompanies, In	С.	-7 'ARY 'SSE	
	Na	me		AM II: 08 OF STATE E. FLORID	
	4040 West Newberr	y Road, Suite	950B	골을 표	
	Florida street address (P	O. Box not accep	otable)	OF OF	
	Gainesville,	FL	32607	⊘ ;⊤; ⊘	
	City, Stat	e and Zip			
6. Such change(s) is/	are effective when filed by the F	lorida Departmen	t of State.		
Signature of General	Partner				
comply with the provi and I am familiar with	opointment as registered agent a sions of all statutes relative to the an accept the obligations of my ded Agent	e proper and con	iplete performar	further agree to ace of my duties,	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50