

2002 UNIFORM BUSINESS REPORT (UBR)

0006967 AT

DOCUMENT # A98000002351

1. Entity Name
MONTICELLO PARTNERSHIP, LTD.

FILED
02 APR 26 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2851 REMINGTON GREEN CIRCLE, SUITE D
TALLAHASSEE FL 32308

Mailing Address
2851 REMINGTON GREEN CIRCLE, SUITE D
TALLAHASSEE FL 32308



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3538192
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BITTMAN, MICHAEL J
301 E. PINE ST., STE. 1400
ORLANDO FL 32801

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,000.00**

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 #	P98000086461	STREET ADDRESS	
NAME	J. P. LAKE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2851 REMINGTON GREEN CIRCLE, SUITE D		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	400005450594--2
NAME		CITY-ST-ZIP	05/03/02 01075 024
STREET ADDRESS			****150.00 ****150.00
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			
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: C.G. FARMER, SEC'y
J.P. LAKE, INC. G.P. FARMER
4/12/02 850-386-2522
Date Daytime Phone #

CR2E003 (9/01)