



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002351</b> 1. Entity Name <b>MONTICELLO PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>2851 REMINGTON GREEN CIRCLE, SUITE D          TALLAHASSEE, FL 32308</b>			Mailing Address <b>2851 REMINGTON GREEN CIRCLE, SUITE D          TALLAHASSEE, FL 32308</b>		
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03122004    Chg-LP    CR2E003 (10/03)	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>59-3538192</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BITTMAN, MICHAEL J          301 E. PINE ST., STE. 1400          ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$7,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
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				
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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: <i>C.G. Farmer</i> <b>C.G. FARMER</b> <b>GEN. PTR.</b>			Date: <b>4/3/04</b> Daytime Phone: <b>850-386-2522</b>		

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