

DOCUMENT #		A99000001036	
1. Entity Name			
MONTREVILLE LIMITED			
Principal Place of Business		Mailing Address	
233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169		233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169-5239	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GILLESPIE, W M 233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169		Name	
		Street Address (	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$9,900.00		9,900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION		13.	
DOCUMENT #	GILLESPIE, SALLY I 233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if 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	

SIGNATURE: Sally I. Gillespie SIGNATURE REQUIRED Sally I. Gillespie 1/24/00 (904) 445-7416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)