

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

8/25/2004-90042-035-\$50.00-\$50.00

FILED

2004 OCT 26 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

DOCUMENT # L03000006460

1. Entity Name
DAVIDSON FAMILY PARTNERSHIP OF MONTICELLO, LLC

Principal Place of Business
**3416 WOODLEY ROAD
TALLAHASSEE FL 32308**

Mailing Address
**3416 WOODLEY ROAD
TALLAHASSEE FL 32308**

2. Principal Place of Business
221 E. 6th Ave.

3. Mailing Address
221 E. 6th Ave

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee FL

Zip
32303

Country
LEON

4. FEI Number
33-0063702

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HENLEY, LARRY
MERIDIAN MANAGEMENT
221 E. SIXTH AVENUE
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name
Wm. Larry Henley

Street Address (P.O. Box Number is Not Acceptable)
221 East 6th Avenue

City
Tallahassee

FL Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wm. Larry Henley* (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stanley K. Davidson <input type="checkbox"/> Delete 5401 Burwash Court, Manager Charlotte, NC 28277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Larry Henley* **8/23/04** **850 222 8702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #