


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000006460 1. Entity Name DAVIDSON FAMILY PARTNERSHIP OF MONTICELLO, LLC |  |
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| Principal Place of Business 221 E. 6TH AVE TALLAHASSEE, FL 32303 | Mailing Address 221 E. 6TH AVE TALLAHASSEE, FL 32303 |
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01052005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 33-0063702 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HENLEY, WM. LARRY 221 EAST 6TH AVENUE TALLAHASSEE, FL 32303 | DO NOT WRITE IN THIS SPACE |
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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  _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAVIDSON, STANLEY K 5401 BURWASH COURT CHARLOTTE, NC 28277 |
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01/12/05-80024-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-5-04 8502278707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #