


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90073 037 ****55.00

DOCUMENT # L03000017533	
1. Entity Name JEFFERSON ARMS APARTMENTS OF MONTICELLO, LLC	

Principal Place of Business 1075 E. MAIN STREET BARTOW, FL 33830	Mailing Address 1075 E. MAIN STREET BARTOW, FL 33830
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2. Principal Place of Business 1075 E. MANN RD Suite, Apt. #, etc.	3. Mailing Address 1075 E. MANN RD Suite, Apt. #, etc.
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City & State BARTOW FL	City & State BARTOW FL	4. FEI Number 11-3710116	Applied For Not Applicable
Zip 33830	Country POLK	Zip 33830	Country POLK

6. Name and Address of Current Registered Agent FERNANDEZ, KRISTOPHER E 307 S. BOULEVARD STE. D TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIDEN, CHARLES E 1075 E. MAIN STREET BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIDEN, CHARLES E. 1075 E. MANN RD BARTOW FL 33830 <input checked="" 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
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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: Charles E. Heiden CHARES E. HEIDEN MGR 4/25/04 863 533 685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #