

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90148 038 \*\*\*\*50.00

**DOCUMENT # L03000017533**

1. Entity Name  
**JEFFERSON ARMS APARTMENTS OF MONTICELLO,  
LLC**



Principal Place of Business

1075 E MANN RD.  
BARTOW, FL 33830

Mailing Address

1075 E MANN RD.  
BARTOW, FL 33830

20066313



07012005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3710116

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~FERNANDEZ, KRISTOPHER E~~ **CHARLES E. HEIDEN**  
~~307 S. BOULEVARD STE. D~~ **3890 GREENWAY DR**  
~~TAMPA, FL 33606~~ **OFFICE**  
**SARASOTA, FL 34232**

**DO NOT WRITE  
IN THIS SPACE**

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 **CHARLES E. HEIDEN** *Charles E Heiden, Mgr and Sole Member*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **7/14/05**

**Filing Fee is \$50.00  
Due by September 7, 2005**

*Jefferson Arms Apt of Monticello LLC*

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HEIDEN, CHARLES E  
1075 E MAN RD.  
BARTOW, FL 33830**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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** *Charles E Heiden, Mgr and Sole Member*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Jefferson Arms Apt of Monticello LLC*