2067 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017533

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



FILED Apr 10, 2007 08:00 AM Secretary of State

Principal Place of Business

1075 E MANN RD. BARTOW, FL 33830 Mailing Address 1075 E MANN RD.

BARTOW, FL 33830



DO NOT WRITE IN THIS SPACE

03142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	 Applied For
11-3710116	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIDEN, CHARLES E 3890 GREENWAY DRIVE 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.	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, 2007			
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			U00000698312 04/18/07-80076-010 50.00
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11. I hereby certify that the information supplied with this filling does not qualfy for the exemptions contained in Chapter 119, 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 on the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/6/07 890997.0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Describe Phone 8