



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000002607 1. Entity Name MONTICELLI SIGNATURE HOMES, LC	
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Principal Place of Business 101 EAST STUART AVENUE LAKE WALES, FL	Mailing Address 101 EAST STUART AVENUE LAKE WALES, FL
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DO NOT WRITE IN THIS SPACE

	
04102008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4541640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, JOHN L
 500 SOUTH FLORIDA AVENUE
 SUITE 300
 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAZZINI, JOHN P 101 EAST STUART AVE LAKE WALES, FL 33853
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 05/13/08-80090-004 138.75

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11. I hereby certify that the information supplied with this filing does not qualify 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:  JOHN FAZZINI 4/22/08 863 676 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #