


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

1997 JAN 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #M96000000338 MONTICELLO LAND COMPANY, LLC 8806 WINGED BOURNE CHARLOTTE NC 28210		1a. Principal Place of Business Address 8806 WINGED BOURNE CHARLOTTE NC 28210			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1996	
City & State		City & State		NC	
Zip		Zip		4. FEI Number	
Country		Country		56-1982667	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
FORE, J. TRACEY 1604 STOCKTON STREET JACKSONVILLE FL 32204 1560 Selva Marina Drive, Atlantic Beach, FL 32257				Name SAME	
Some registered agent - new mailing address for the registered agent.				Street Address (P.O. Box Number is Not Acceptable)	
				1560 Selva Marina Drive	
				Suite, Apt. #, etc.	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				5. Date of Last Report	
SIGNATURE <u>J. Tracey Fore</u>				6. Certificate of Status Desired	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				☐ Applied For ☐ Not Applicable	
DATE <u>1-24-97</u>				☐ Additional Fee Required	
10. Title		Managing Members/Managers		Business Street Address	
MGRM		ROBERTS, WILLIAM V		8806 WINGED BOURNE	
MGRM		ROBERTS, WILLIAM V JR.		8806 WINGED BOURNE	
MGRM		WILLIAM V. ROBERTS, AS		8806 WINGED BOURNE	
				City, State and Zip Code	
				CHARLOTTE NC	
				CHARLOTTE NC	
				CHARLOTTE NC	
000002072030--6 -01/29/97--01028--024 ****203.75 ****203.75					
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Will V Roberts</u>		(WILLIAM V. ROBERTS)		1-24-97 704-529-1115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	