

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90067 007 ****50.00

DOCUMENT # M96000000338

1. Entity Name

MONTICELLO LAND COMPANY, LLC

Principal Place of Business

**8806 WINGED BOURNE
 CHARLOTTE NC 28210**

Mailing Address

**8806 WINGED BOURNE
 CHARLOTTE NC 28210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1982667

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVENUE, SUITE A
 JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
 NAME **MGRM ROBERTS, WILLIAM V**
 STREET ADDRESS **8806 WINGED BOURNE**
 CITY-ST-ZIP **CHARLOTTE NC 28210**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM MAZEINE, ALYCE R**
 STREET ADDRESS **5447 KERRY GLEN LANE**
 CITY-ST-ZIP **CHARLOTTE NC 28210**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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 STREET ADDRESS
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Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *William V. Roberts* **WILLIAM V. ROBERTS**

1-25-02

704-543-7970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)