


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-1982667	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
 FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVENUE, SUITE A
 JACKSONVILLE, FL 32204

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, WILLIAM V 8806 WINGED BOURNE CHARLOTTE, NC 28210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAZEINE, ALYCE R 2728 MOSS SPRING RD CHARLOTTE, NC 28270
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 01/10/05-80077-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.V. Roberts WILLIAM V. ROBERTS 1-5-05 704-543-7970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #