2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000041993

1. Entity Name
MONTE VINA PROPERTIES COMPANY #1 LLC

Principal Place of Business	Mailing Address
3510 SE 18 PLACE CAPE CORAL, FL 33904 US	3510 SE 18 PLACE CAPE CORAL, FL 33904 US

01062007No Chg-LLC   CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-1236151	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FAUNCE, LETICIA
3510 SE 18 PLACE
CAPE CORAL, FL 33904

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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

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	MGRM
NAME	FAUNCE, WESLEY H III
STREET ADDRESS	3510 SE 18 PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGRM
NAME	FAUNCE, LETICIA S
STREET ADDRESS	3510 SE 18 PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/10/07-80078-023 50.00

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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: _Wesley H. Faunce III_   1/6/07   2397725577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #