


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90399 039 ***138.75

DOCUMENT # L04000041993 1. Entity Name MONTE VINA PROPERTIES COMPANY #1 LLC					
Principal Place of Business 3510 SE 18 PLACE CAPE CORAL, FL 33904 US			Mailing Address 3510 SE 18 PLACE CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box # 9521 Via Lago Way Suite, Apt. #, etc.			3. Mailing Address 9521 Via Lago Way Suite, Apt. #, etc.		
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 20-1236151	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FAUNCE, LETICIA 9510 SE 18 PLACE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name same agent Street Address (P.O. Box Number is Not Acceptable) 9521 Via Lago Way City Ft. Myers FL Zip Code 33912	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUNCE, WESLEY H III 3510 SE 18 PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUNCE, LETICIA S 3510 SE 18 PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Wesley H. Faunce III</u> , Wesley H. Faunce III, 1/5/08 2397725577					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					