## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000001200**

MONTE VINA PROPERTIES COMPANY #2 LLC



**FILED** Jan 10, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

3510 SE 18 PLACE CAPE CORAL, FL 33904 US

Mailing Address

3510 SE 18 PLACE

CAPE CORAL, FL 33904 US



01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2122558

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

DO NOT WRITE IN THIS SPACE

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

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of characteristics of registered agent.</li></ol>	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

Due by May 1, 2007

TITLE	MGRM
NAME	FAUNCE, WESLEY III
STREET ADDRESS	3510 SE 18 PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGRM
NAME	FAUNCE, LETICIA
STREET ADDRESS	3510 SE 18 PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the

U00000581192 01/10/07-80078-001 50.00

## DO NOT WRITE IN THIS SPACE

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.

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