

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

03-03-2008 90406 023 ***138.75

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01052008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000001200			
1. Entity Name MONTE VINA PROPERTIES COMPANY #2 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 Lagacy Way Suite, Apt. #, etc.		3. Mailing Address 9521 Via Lagacy Way Suite, Apt. #, etc.	
City & State Ft. Myers, FL Zip 33912 Country USA		City & State Ft. Myers, FL Zip 33912 Country USA	
4. FEI Number 20-2122558		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 FAUNCE, LETICIA 3510 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 Lagacy 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
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 III 3510 SE 18 PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUNCE, LETICIA 3510 SE 18 PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Wesley H. Faunce III</u>		Date: <u>1/5/08</u> Daytime Phone #: <u>2397725577</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			