

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001200

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** MONTE VINA PROPERTIES COMPANY #2 LLC

**Current Principal Place of Business:**

9521 VIA LAGO WAY  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

9521 VIA LAGO WAY  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 20-2122558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAUNCE, LETICIA  
9521 VIA LAGO WAY  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FAUNCE, WESLEY III  
Address: 3510 SE 18 PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM ( ) Delete  
Name: FAUNCE, LETICIA  
Address: 3510 SE 18 PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

DR.

01/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date