

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90049 010 \*\*\*\*50.00

<b>DOCUMENT # L05000049743</b>					
<b>1. Entity Name</b> MJVR PROP 2, LLC					
<b>Principal Place of Business</b> 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			<b>Mailing Address</b> 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2868317	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRYAN, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Janson, M. 202 Dune Circle New Smyrna Beach, FL 32169		
			MGRM Roberts, V. 202 Dune Circle New Smyrna Beach, FL 32169		
<b>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.</b>					
<b>SIGNATURE</b>			<b>3-17-06 3864097748</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CARLA DELOACH BRYANT

ATTORNEYS & COUNSELORS AT LAW, P.A.

February 6, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

ATTACHMENT

20027475  
#LD5000049743

Re: Annual Business Report for MJVR Prop 2, LLC

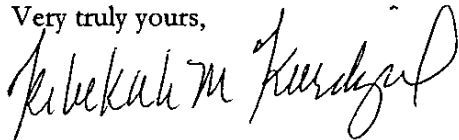
Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for MJVR Prop 2, LLC and a check, made payable to the Florida Department of State in the amount of fifty dollars (\$50.00).

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel  
For the Firm

RMK/kn  
enclosures