

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 047 ****50.00

DOCUMENT # L05000049743

1. Entity Name
MJVR PROP 2, LLC



Principal Place of Business
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

Mailing Address
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #
202 DUNE CIR

3. Mailing Address
202 DUNE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03132007 Chg-LLC CR2E083 (12/06)

City & State
NEW SMYRNA BEACH

City & State
NEW SMYRNA BEACH

4. FEI Number
20-2868317

Applied For
Not Applicable

Zip
32169

Country

Zip
32169

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, CARLA D
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
MICHAEL JANSON
Street Address (P.O. Box Number is Not Acceptable)
202 DUNE CIR
City
NEW SMYRNA BEACH FL Zip Code
32169

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JANSON, M	
STREET ADDRESS	202 DUNE CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBERTS, V	
STREET ADDRESS	202 DUNE CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

MICHAEL JANSON

3.14.07

386-409-7748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #