

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117529

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: 10020 OLD HAVEN, LLC

**Current Principal Place of Business:**

6334 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

6334 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PECK, SUSAN F  
6334 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544 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: PECK, SUSAN F  
Address: 6334 GENTLE BEN CIRCLE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGRM ( ) Delete  
Name: FLANNERYSKI, EDWARD J  
Address: 16308 BRYNWICK LANE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM ( ) Delete  
Name: PRZEDPELSKI, KAREN  
Address: 2604 MERIDA LANE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

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

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: SUSAN F PECK

MGRM

03/29/2009

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