

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90172 032 \*\*\*\*50.00

00001

**DOCUMENT # L00000002556**

1. Entity Name  
**CITY HAVEN PROPERTIES, L.L.C.**

Principal Place of Business      Mailing Address

**508 MARIPOSA ST**      **508 MARIPOSA ST**  
**ORLANDO FL 32801**      **ORLANDO FL 32801**

2. Principal Place of Business      3. Mailing Address

**SAME**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LOCHMANDY, KEITH M**  
**1842 IVANHOE ROAD**  
**ORLANDO FL 32804**

**7. Name and Address of New Registered Agent**

Name: **Keith M. Lochmandy**

Street Address (P.O. Box Number is Not Acceptable): **508 Mariposa St**

City: **Orlando**      FL      Zip Code: **32801**

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.

SIGNATURE: *Keith M. Lochmandy*      DATE: **1/29/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>MGR</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>LOCHMANDY, KEITH M</b>  |                                 |
| STREET ADDRESS | <b>1842 IVANHOE ROAD</b>   |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32804</b>    |                                 |
| TITLE          | <b>MGR</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>LOCHMANDY, MONICA E</b> |                                 |
| STREET ADDRESS | <b>1842 IVANHOE ROAD</b>   |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32804</b>    |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                              |
| STREET ADDRESS | <b>508 Mariposa St</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Orlando FL 32801</b> |                                                                              |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                              |
| STREET ADDRESS | <b>508 Mariposa St</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Orlando FL 32801</b> |                                                                              |
| 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    |                         |                                                                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Keith M. Lochmandy*      DATE: **1/29/02**      DAYTIME PHONE #: **407-426-8182**

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

CR2E083 (9/01)