

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002556

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CITY HAVEN PROPERTIES, L.L.C.

**Current Principal Place of Business:**

117 E AMELIA ST.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

117 E AMELIA ST.  
ORLANDO, FL 32801

**New Mailing Address:**

P.O. BOX 547336  
ORLANDO, FL 32854

FEI Number: 59-3630472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCHMANDY, KEITH M  
648 DARTMOUTH ST  
ORLANDO, FL 32804 US

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

KAREN, ENDSLEY E  
707 E. PINE ST. #1  
ORLANDO, FL 32801 US

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: KAREN ENDSLEY

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOCHMANDY, KEITH M  
Address: 648 DARTMOUTH ST  
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete  
Name: LOCHMANDY, MONICA E  
Address: 648 DARTMOUTH ST  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LOCHMANDY, KEITH M  
Address: P.O BOX 547336  
City-St-Zip: ORLANDO, FL 32854

Title: MGR (X) Change ( ) Addition  
Name: LOCHMANDY, MONICA E  
Address: P.O. BOX 547336  
City-St-Zip: ORLANDO, FL 32854

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: KEITH LOCHMANDY

MGRM

03/26/2009

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