

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007435

Entity Name: HAVNET HOLDINGS, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

377 ALHAMBRA CIRCLE  
CORAL GABLES, FL 331345003 US

**New Principal Place of Business:**

**Current Mailing Address:**

377 ALHAMBRA CIRCLE  
CORAL GABLES, FL 331345003 US

**New Mailing Address:**

FEI Number: 65-1115097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GUI TERAS, JOHN R MGRM  
377 ALHAMBRA CIRCLE  
CORAL GABLES, FL 331345003 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUI TERAS, JOHN R MGRM  
Address: 377 ALHAMBRA CR  
City-St-Zip: CORAL GABLES, FL 331345003 US

Title: MGR ( ) Delete  
Name: GUI TERAS, LUISA M MGR  
Address: 377 ALHAMBRA CR  
City-St-Zip: CORAL GABLES, FL 331345003 US

**ADDITIONS/CHANGES:**

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: JOHN R. GUI TERAS

MGRM

05/01/2008

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