2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L03000017298

Entity Name: LUTHERAN HAVEN NURSING HOME AND ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

2063 W. STATE ROAD
OVIEDO, FL 32765

New Principal Place of Business:

1525 HAVEN DRIVE
OVIEDO, FL 32765

Current Mailing Address:

2041 WEST STATE ROAD 426
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-0637873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: D ( ) Delete
Name: KOVAC, DONALD L
Address: 2041 STATE ROAD 426
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD L KOVAC MGR 01/04/2007

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