

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000017300  
 1. Entity Name  
 LUTHERAN HAVEN RETIREMENT CENTER, LLC



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 2041 WEST STATE ROAD 426 2041 WEST STATE ROAD 426  
 OVIEDO, FL 32765 OVIEDO, FL 32765

**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 50-0637873 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEEKIN, JAMES F JR  
 215 NORTH EOLA DRIVE  
 ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00  
 Due by May 1, 2005**

100000285561  
 04/02/05-80051-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	ED
NAME	KOVAC, DONALD L
STREET ADDRESS	2041 W. STATE ROAD 426
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald L. Kovac DONALD L. KOVAC EXECUTIVE DIRECTOR 3-30-05 407-365-5676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #