


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 2041 WEST STATE ROAD 426 OVIEDO, FL 32765	Mailing Address 2041 WEST STATE ROAD 426 OVIEDO, FL 32765
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01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0637873	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE ORLANDO, FL 32801
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000510716^M
04/29/06-80021-002 55.00^M

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KOVAC, DONALD L 2041 W. STATE ROAD 426 OVIEDO, FL 32765
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/12/06 407-365-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #