

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017300

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** LUTHERAN HAVEN RETIREMENT CENTER, LLC

**Current Principal Place of Business:**

2041 WEST STATE ROAD 426  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2041 WEST STATE ROAD 426  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 26-2901124

**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: ED ( ) Delete  
Name: KOVAC, DONALD L  
Address: 2041 W. STATE ROAD 426  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: T ( ) Change (X) Addition  
Name: MOSCHLER, MARY G  
Address: 2041 W STATE RD 426  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Change (X) Addition  
Name: UTECH, WILLIAM G  
Address: 937 FOREST LAKE COURT  
City-St-Zip: BALLWIN, MO 63021

Title: PD ( ) Change (X) Addition  
Name: HANAS, SUSAN  
Address: 2345 MIKLER ROAD  
City-St-Zip: OVIEDO, FL 32765

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: DONALD L KOVAC

ED

01/19/2009

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