## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022927

Entity Name: HAVEN BEND, LLC

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18014 LINDAWOODS STREET 16124 VANDERBILT DRIVE

ODESSA, FL 33556 ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

18014 LINDAWOODS STREET 16124 VANDERBILT DRIVE

ODESSA, FL 33556 ODESSA, FL 33556

FEI Number: 20-0054017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WALTERS JR, NORMAN A

18014 LINDAWOODS ST.

ODESSA, FL 33556 US

CASPER, GARY B MGRM
16124 VANDERBILT DRIVE
ODESSA, FL 33556 US

ODESSA, FL 33556 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: GARY B. CASPER 01/04/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 CASPER, GARY B
 Name:
 CASPER, GARY B

 Address:
 16124 VANDERBILT DR.
 Address:
 16124 VANDERBILT DR.

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 33556

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALTERS, NORMAN A JR.
 Name:

 Address:
 18014 LINDAWOODS STREET
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 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: GARY B. CASPER MGRM 01/04/2006