2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2005
Secretary of State

DOCUMENT# L03000035189

Entity Name: LAVEN HOLDINGS, LLC

Current Principal Place of Business:

300 SOUTH ORANGE AVE., SUITE 1000
ORLANDO, FL 32801

New Principal Place of Business:

6601 S MAGNOLIA AVENUE
OCALA, FL 34476

Current Mailing Address:

300 SOUTH ORANGE AVE., SUITE 1000
ORLANDO, FL 32801

New Mailing Address:

6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

FEI Number: 06-1709679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, BRIAN M ESQ.
300 SOUTH ORANGE AVE., SUITE 1000
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/MEMBERS:

Title: MGR ( ) Delete
Name: REDDY, DEVEN A MGR
Address: 3792 PARADISE POINTE
City-St-Zip: DULUTH, GA 30097

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: D.A REDDY& SA REDDY,, TENANTS OF EN T IRITIES
Address: 3792 PARADISE POINTE
City-St-Zip: DULUTH, GA 30097

Title: MGR ( ) Change (X) Addition
Name: NA REDDY & KK REDDY, TENANTS OF ENT I RITIES
Address: 6601 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NA REDDY MGR 03/12/2005

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