

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035189

Entity Name: LAVEN HOLDINGS, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

6601 S MAGNOLIA AVENUE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

New Mailing Address:

FEI Number: 06-1709679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

REDDY, NAGENDER
6601 S MAGNOLIA AVENUE
OCALA, FL 34476 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: NAGENDER REDDY

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D.A REDDY& SA REDDY,, TENANTS OF ENT I RITIES
Address: 3792 PARADISE POINTE
City-St-Zip: DULUTH, GA 30097

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

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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: NAGENDER REDDY

MGR

05/01/2006

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