

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035189

Entity Name: LAVEN HOLDINGS, LLC

FILED  
Jul 13, 2008  
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:**

**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: \_\_\_\_\_

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 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: RED

MGR

07/13/2008

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