2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						9/6/2005-90045-048-\$50.00-\$50.00			
DOCUMENT # L0400000302 1. Entity Name PINE HAVEN, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 24 AM 10: 47				
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Principal Place of Business Mailing Address 7800 PERSIMMON TREE LANE, SUITE 100 7800 PERSIMMON TREE				CURTE 400	i		• •		
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2. Principal P	Tace of Business	3. Mailing Address			Mon !	17 STATEST ON ROSES STATE SEEM MANUAL SEEM	. Sam delli seise kint esite i	M1001 III (85)	
Suite, Apt. W, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E083 (5/05)					
City & Stat	е	City & State			4. FEI Nun	ヘー・ヘ・ハー・リファフィ	7 A	pplied For ot Applicable	
Zip	Country	Zip Countr		lry	5. Certificate of Status Desired \$5.00 Additional				
6. Name and Address of Current F		legistered Agent			Fee Required 7. Name and Address of New Registered Agent				
· ·-		Name							
701	ERSIFIED INVESTMENT SER N. HERCULES, SUITE F	VICES, LLC Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33765									
				City	FL Zip Code				
 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. I am familiar with, and accept the obligations of registered agent. 									
SIGNATURE									
Sgndlute typed or priviled norms of registered agent and life a applicable (NOTE Registered Agent's greature required when reinstailing) DATE FOLLOW-REPORT OF THE PROPERTY									
FILE NOW!!! FEE IS \$50.00									
		Due By	Septer	mber 7, 2005					
9.	MANAGING MEMBER		10.			ADDITIONS/CH			
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11. I hereby certly that the information supplied with this filing does not qualify 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 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.									
ta I Jam									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SHORENG MANAGEM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departments of Department									