

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 15 PM 2:26

DOCUMENT # L04000063570



1. Entity Name
HAVEN CEDAR PARK, L.L.C.

Principal Place of Business
16105 NE 18TH AVENUE
NO. MIAMI BCH, FL 33162

Mailing Address
16105 NE 18TH AVENUE
NO. MIAMI BCH, FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1368303

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONES, VICTOR K
16105 NE 18TH AVENUE
NO. MIAMI BCH, FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MILLMAN, HARRIS
STREET ADDRESS 16105 NE 18TH AVENUE
CITY- ST- ZIP NO. MIAMI BCH, FL 33162

☐ Change ☐ Addition
900076390259
06/20/06--01048--021 **275.00

TITLE MGRM ☐ Delete
NAME HAVEN ECONOMICS DEVELOPMENT INC.
STREET ADDRESS 16105 NE 18TH AVENUE
CITY- ST- ZIP NO. MIAMI BCH, FL 33162

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Harris Millman

6/14/06

954 423-1637 x105