


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 013 ****50.00

DOCUMENT # L04000064503	
1. Entity Name PARKHAVEN DEVELOPMENT, LLC	

Principal Place of Business 115 E. MARKS STREET ORLANDO, FL 32803	Mailing Address 115 E. MARKS STREET ORLANDO, FL 32803
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2. Principal Place of Business 1509 E. Jefferson St. Suite, Apt. #, etc.	3. Mailing Address 1509 E. Jefferson St. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Zip 32801
Country USA	Country USA

02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1612061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent HELLER, STEVEN 1509 E JEFFERSON ST ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/21/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLER, STEVEN 115 E. MARKS STREET ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addi 1509 E. Jefferson Street Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARABA, PAUL 115 E. MARKS STREET ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addi 11 W. Harding Street Unit A Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addi
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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]* DATE 2/21/06