

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031830

Entity Name: PEACE HAVEN LLC

FILED
May 14, 2007
Secretary of State

Current Principal Place of Business:

1433 SW 1ST TERRACE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

7190 IVY CROSSING LANE
BOYNTON BEACH, FL 33436

New Mailing Address:

11332 MISTY RIDGE WAY
BOYNTON BEACH, FL 33437

FEI Number: 26-0113746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

COX, NOREEN W
7190 IVY CROSSING LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

COX, NOREEN W
11332 MISTY RIDGE WAY
BOYNTON BEACH, FL 33437 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: NOREEN COX

05/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: COX, NOREEN
Address: 1433 SW 1ST TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VS () Delete
Name: COX, CLIFTON
Address: 1433 SW 1ST TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441

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: NOREEN COX

PT

05/14/2007

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