


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90416 031 ****50.00

DOCUMENT # L05000091157		
1. Entity Name DEERHAVEN, LLC		

Principal Place of Business 5922 S.W. 35TH WAY GAINESVILLE, FL 32608 US	Mailing Address P.O. BOX 1045 GAINESVILLE, FL 32602 US
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60010470

2. Principal Place of Business 9600 NW 13th Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01162006 Chg-LLC CR2E083 (11/05)

City & State Gainesville, FL	City & State
Zip 32653	Country USA

4. FEI Number 20-3485233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALMOND, GARY R 5922 S.W. 35TH WAY GAINESVILLE, FL 32608	
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7. Name and Address of New Registered Agent	
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.

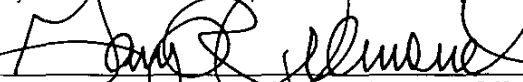
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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"/> Addition
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MGR
GARY R. Almond
PO Box 1045
Gainesville, FL. 32602

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:  **Feb 21, 06** **352-376-5131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #