2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L06000006138

Entity Name: HAVISHAM, LLC

Current Principal Place of Business:

18304 STURBRIDGE COURT
TAMPA, FL 33647 US

New Principal Place of Business:

38401 MICKLER RD
DADE CITY, FL 33523 US

Current Mailing Address:

18304 STURBRIDGE COURT
TAMPA, FL 33647 US

New Mailing Address:

38401 MICKLER RD
DADE CITY, FL 33523 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

ROE, GREGORY G
38401 MICKLER RD
DADE CITY, FL 33523 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: GREGORY G. ROE 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROE, GREGORY G
Address: 18304 STURBRIDGE COURT
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: ROE, JULANN
Address: 18304 STURBRIDGE COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROE, GREGORY G
Address: 38401 MICKLER RD
City-St-Zip: DADE CITY, FL 33523

Title: MGRM (X) Change ( ) Addition
Name: ROE, JULANN
Address: 38401 MICKLER RD
City-St-Zip: DADE CITY, FL 33523

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: GREGORY G. ROE MGRM 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date