

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 029 ***538.75

DOCUMENT # L06000097059 1. Entity Name PINE HAVEN MHP, LLC			
Principal Place of Business C/O MCGUIRE WOODS LLP 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202-2661		Mailing Address C/O MCGUIRE WOODS LLP 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202-2661	
2. Principal Place of Business No P.O. Box # <i>26 Hamilton Drive West</i>		3. Mailing Address <i>26 Hamilton Dr. West</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>North Caldwell NJ</i>		City & State <i>North Caldwell NJ</i>	
Zip <i>07006</i>		Zip <i>07006</i>	
Country 		Country 	
4. FEI Number APPLIED FOR		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MR. MGRM</i> LEARDO, PATRICK R MGR MEM 26 HAMILTON DRIVE WEST NORTH CALDWELL, NJ 07006	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Patrick R. Leandro</i>		Date: <i>9/9/08</i> Daytime Phone #: <i>973 216 9075</i>	