

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015995

Entity Name: HABANA VENTURES, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

330 PRARIE ROSE LANE
BOCA RATON, FL 33487 US

New Principal Place of Business:

2701 NW 2ND AVE
SUITE 213
BOCA RATON, FL 33431 US

Current Mailing Address:

330 PRARIE ROSE LANE
BOCA RATON, FL 33487 US

New Mailing Address:

2701 NW 2ND AVE
SUITE 213
BOCA RATON, FL 33431 US

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

Name and Address of Current Registered Agent:

FISCHER, JOHN
330 PRARIE ROSE LANE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

FISCHER, JOHN
2701 NW 2ND AVE
BOCA RATON, FL 33431 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: JOHN FISCHER

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FISCHER, JOHN
Address: 330 PRARIE ROSE LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR (X) Delete
Name: MUIR, MIGUEL
Address: 330 PRARIE ROSE LANE
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FISCHER, JOHN
Address: 2701 NW 2ND AVE SUITE 213
City-St-Zip: BOCA RATON, FL 33431 US

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: JOHN FISCHER

PRES

04/07/2009

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