2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: BIGNATURE AND TYPED OR PRINTED HAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-07-2008 90229 010 --- 136.73 L07000027556

ANNUAL KEPUKI						en.	
1. Entity Narr	MENT # L07000027 ER HAVEN, LLC	556				08 JUL -7 SECRETARY FALLAHASSE	<u> </u>
Principal Plac	e of Business	Mailing Address		_			5
6039 CYPRESS GARDENS BLVD.		6039 CYPRESS GARDENS BLVD.		·	** # .		
#525 Winter Haven, Fl. 33884 US		#525 Winter Haven, FL 33884 US			I so ni 1928 som 20 40 s um		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite And Rise		Suite, Apr. 4, etc.		03282008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb		/ —	polied For lot Applicable
Zip	Country	Zip	Country		of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	11200	7. Name and	Address of New Re	gistered Agent	<u>-</u>
KIER, HOL	IFE		Name				
2910 COU	INTRY CLUB ROAD HAVEN, FL 33881		Street Addres	ss (P.O. Box Number is Not Acceptable)			
							
			City			FL Zip Co	d e
	named entity submits this statement folions of rigidstered agent.	r the purpose of changing its re	egistered office or regis	tered agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE	Shortuse typed or printed name of registered agent	and the if applicable. (NOTE:	Registered Agent signature requ	ired when reinstaling)		DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.7					Make check payable to Florida Department of State		
		,					te _
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	10.			Department of Sta	
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM		TITLE		Florida	Department of Sta	Addition
After May	MANAGING MEMBE MGRM KIER, HOLLEE	RS/MANAGERS			Florida	Department of Sta	
9. TITLE NAME	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE HAME		Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM KIER, HOLLEE 2910 COUNTRY CLUB ROAD	RS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZP	MANAGING MEMBE MGRM KIER, HOLLEE 2910 COUNTRY CLUB ROAD WINTER HAVEN, FL 33881	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of State	Addition
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