

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006700

FILED
Mar 13, 2009
Secretary of State

Entity Name: STONE HAVEN APARTMENTS, LLC

Current Principal Place of Business:

1022 SUNSET LANE
LYNN HAVEN, FL 32444

New Principal Place of Business:

1319 NEW YORK AVE
LYNN HAVEN, FL 32444

Current Mailing Address:

1022 SUNSET LANE
LYNN HAVEN, FL 32444

New Mailing Address:

1319 NEW YORK AVE
LYNN HAVEN, FL 32444

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABER, KAREN
1022 SUNSET LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BABER, KAREN
1319 NEW YORK AVE
LYNN HAVEN, FL 32444 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: KAREN BABER

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BABER, GEORGE
Address: 1022 SUNSET LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR () Delete
Name: BABER, KAREN
Address: 1022 SUNSET LANE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BABER, GEORGE
Address: 1319 NEW YORK AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR (X) Change () Addition
Name: BABER, KAREN
Address: 1319 NEW YORK AVE
City-St-Zip: LYNN HAVEN, FL 32444

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: KAREN BABER

MGR

03/13/2009

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