

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082635

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: UNIT NO. 211, HAVEN HOUSE 2 CONDOMINIUM, LLC

**Current Principal Place of Business:**

3150 NORTH COURSE LANE  
UNIT 210  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

1150 EAST SAMPLE RD  
UNIT 211  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3150 NORTH COURSE LANE  
UNIT 210  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 80-0280400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINTO, FELICIO A  
3150 NORTH COURSE LANE  
UNIT 210  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINTO, FELICIO A  
Address: 3150 NORTH COURSE LANE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: ANDRADE, ODILIA  
Address: 3150 NORTH COURSE LANE  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELICIO A. PINTO      MGTM      04/02/2009

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