2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# L09000062281

Entity Name: OWL'S HAVEN, L.L.C.

Current Principal Place of Business:

C/O BRIAN M. O'CONNELL, ESQ.
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH, FL 33401

New Principal Place of Business:

C/O BRIAN M. O'CONNELL, ESQ.
515 NORTH FLAGLER DRIVE 20TH FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

C/O BRIAN M. O'CONNELL, ESQ.
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH, FL 33401

New Mailing Address:

C/O BRIAN M. O'CONNELL, ESQ.
515 NORTH FLAGLER DRIVE 20TH FLOOR
WEST PALM BEACH, FL 33401

FEI Number: 30-0568738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNELL, BRIAN M
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

O'CONNELL, BRIAN M
515 NORTH FLAGLER DRIVE 20TH FLOOR
WEST PALM BEACH, FL 33401 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: _____ 04/06/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: O'CONNELL, BRIAN M ESQ.
Address: 515 NORTH FLAGLER DRIVE 20TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: BERTLES, HELEN
Address: P.O. BOX 2144
City-St-Zip: CASHIERS, NC 28717

I hereby 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 Statues.

SIGNATURE: BRIAN M. O'CONNELL, ESQ. MGR 04/06/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date