


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000000860 1. Entity Name HAV PROPERTIES, L.C.		
Principal Place of Business 5912 NEW KINGS ROAD JACKSONVILLE, FL 32236	Mailing Address 5912 NEW KINGS ROAD JACKSONVILLE, FL 32236	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAX CO. C/O JAMES A NOLAN III 4114 HERSCHEL ST., STE. 105 JACKSONVILLE, FL 32210		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFFER, VICKI E 5912 NEW KINGS ROAD JACKSONVILLE, FL 32236	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Vicki E. Shafer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3519146

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

000000453288
18/14/06-20014-001 50.00

**DO NOT WRITE
IN THIS SPACE**