

# 2000 UNIFORM BUSINESS REPORT (UBR)

001726 AF

DOCUMENT # L99000001980

1. Entity Name  
RAVEN'S HAVEN, A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:10

Principal Place of Business

12802 EASY STREET  
TAMPA FL 33625

Mailing Address

~~12802 EASY STREET~~  
~~TAMPA FL 33625-3702~~

2. Principal Place of Business

8420 Woodapple Ct  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 21151  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tampa FL		City & State TAMPA FL		4. FEI Number 59-3617426	Applied For Not Applicable
Zip 33614	Country USA	Zip 336221151	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPIRO, DANIEL  
12802 EASY STREET  
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name Daniel Capiro
Street Address (P.O. Box Number is Not Acceptable) 8420 Woodapple Ct
City Tampa
State FL
Zip Code 33614

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.

SIGNATURE DATE 1/15/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPIRO, DANIEL 12802 EASY STREET TAMPA FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Capiro, Daniel 8420 Woodapple Ct Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003121918--3 -02/03/00--01007--028 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/15/00 813 245-2205