

2001 UNIFORM BUSINESS REPORT (UBR)

0027574 AF

DOCUMENT # L99000005643

1. Entity Name
CITY HAVEN L.L.C.

FILED

01 APR -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1842 IVANHOE ROAD
ORLANDO FL 32804**

Mailing Address
**PO BOX 540282
ORLANDO FL 32854-0282**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
508 ManiPosa St

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number
59-3596691

Applied For
Not Applicable

Zip
32801

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOCHMANDY, KEITH M
1842 IVANHOE ROAD
ORLANDO FL 32804**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Keith M. Lochmandy*
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	MGRM LOCHMANDY, KEITH M 1842 IVANHOE ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCHMANDY, MONICA E 1842 IVANHOE ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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: *Keith M. Lochmandy* Date: **3/26/01** Daytime Phone #: **407-426-8982**

CR2E083 (11/00)