

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90172 033 \*\*\*\*50.00

**DOCUMENT # L99000005643**  
 1. Entity Name  
**CITY HAVEN L.L.C.**

Principal Place of Business      Mailing Address  
**508 MARIPOSA ST**      **PO BOX 540282**  
**ORLANDO FL 32801**      **ORLANDO FL 32854-0282**

2. Principal Place of Business      3. Mailing Address  
**SAME**      **508 Mariposa St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orlando FL**

Zip      Country      Zip      Country  
**32801**      **Orange**



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3596691      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOCHMANDY, KEITH M**  
**1842 IVANHOE ROAD**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
 Name      **Keith M Lochmandy**  
 Street Address (P.O. Box Number Not Acceptable)      **508 Mariposa St**  
 City      **Orlando**      FL      Zip Code      **32801**

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      *[Signature]*      DATE      **1/29/02**  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>508 Mariposa St</b>	
CITY-ST-ZIP	<b>Orlando FL 32801</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>508 Mariposa St</b>	
CITY-ST-ZIP	<b>Orlando FL 32801</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      DATE      **1/29/02**      407 426 8182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #

CR2E083 (9/01)