

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005643

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** CITY HAVEN L.L.C.

**Current Principal Place of Business:**

508 MARIPOSA ST  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

508 MARIPOSA ST  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-3596691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOCHMANDY, KEITH M  
508 MARIPOSA STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LOCHMANDY, KEITH M  
Address: 508 MARIPOSA STREET  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: LOCHMANDY, MONICA E  
Address: 508 MARIPOSA STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: KEITH M. LOCHMANDY

MGRM

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date