

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005643

FILED
Feb 07, 2006
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:

648 DARTMOUTH ST
ORLANDO, FL 32804 US

Current Mailing Address:

508 MARIPOSA ST
ORLANDO, FL 32801 US

New Mailing Address:

648 DARTMOUTH ST
ORLANDO, FL 32804 US

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:

LOCHMANDY, KEITH M
648 DARTMOUTH ST
ORLANDO, FL 32804 US

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 LOCHMANDY

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: LOCHMANDY, KEITH M
Address: 648 DARTMOUTH ST
City-St-Zip: ORLANDO, FL 32804

Title: MGRM (X) Change () Addition
Name: LOCHMANDY, MONICA E
Address: 648 DARTMOUTH ST
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 LOCHMANDY

M/M

02/07/2006

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