

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005643

FILED
Mar 26, 2009
Secretary of State

Entity Name: CITY HAVEN L.L.C.

Current Principal Place of Business:

117 E AMELIA ST.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

117 E AMELIA ST.
ORLANDO, FL 32801 US

New Mailing Address:

P.O. BOX 547336
ORLANDO, FL 32854 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
648 DARTMOUTH ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ENDSLEY, KAREN E
707 E. PINE ST #1
ORLANDO, FL 32801 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: KAREN ENDSLEY

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOCHMANDY, KEITH M
Address: P.O. BOX 547336
City-St-Zip: ORLANDO, FL 32854

Title: MGRM (X) Change () Addition
Name: LOCHMANDY, MONICA E
Address: P.O. BOX 547336
City-St-Zip: ORLANDO, FL 32854

I hereby certify that the information supplied with this filing does not qualify 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 M. LOCHMANDY

MGRM

03/26/2009

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