## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900005643

1. Entity Name

CITY HAVEN L.L.C.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90003 048 \*\*\*\*50.00

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					9			
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SURIC, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number   59-3596691   Applied For Not Applicate   Not Applicate   Not Applicate   Not Applicate   Not Applicate   Sp. 00 Additional   Fee   Sp. 00 Additional   Fee   Not Applicate   Sp. 00 Additional   Fee   Sp. 00 Ad	ORLANDO FL 3280!		ORLANDO FL 32801					
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Grity & State   Grity & State   City & State   4. FEI Number   59-3596691   Applied For Not Application   Not Application   Not Application   Not Application   Not Application   Not Application   So. Outside	2. Principal	Place of Business	3. Mailing Address					
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  COCHMANDY, KETH M 508 MARIPOSA STREET ORLANDO FL 32801  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FILE NOWILL FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  TITLE MORIM LOCHMANDY, KETH M STREET ADDRESS STREET ORLAND FL 32801  TITLE MARE MORIM LOCHMANDY MONICA E STREET ADDRESS STREET ORLSS STREET ORLSS STREET ADDRESS STREET ORLSS STREET ORLSS STREET ORLSS STREET ORLSS STREET ADDRESS STREET ORLSS STREET ADDRESS STREET ADDRE	City & State		City & State		4. FEI Number	1 33 333003 (		
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SIGNATURE  8. The above named entity submits this statement for the purpose of changing list registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent and title if applicable.    City   FL   Zip Code	100	NIREARINA MENTILLA		Name	······································	Tudiess of New Hegis	tered Agent	
ORLANDO FL 32801  City FL Zip Code  City FL Zip Code  City FL Zip Code  S. 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. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Delete Delete TITLE  MGRM  LOCHMANDY, KEITH M  SOB MARIPOSA STREET  ORLANDO FL 32801  TITLE  MME  MME  STREET ADDRESS  CITY-ST-2P  ORLANDO FL 32801  Delete TITLE  MME  STREET ADDRESS  CITY-ST-2P  ORLANDO FL 32801  Delete TITLE  MME  STREET ADDRESS  CITY-ST-2P  ORLANDO FL 32801  Delete TITLE  MME  STREET ADDRESS  CITY-ST-2P  ORLANDO FL 32801  TITLE  MME  STREET ADDRESS  CITY-ST-2P  ORLANDO FL 32801  TITLE  MME  STREET ADDRESS  CITY-ST-2P  Change  Addition  Addition  Addition  Addition  MME  STREET ADDRESS  CITY-ST-2P  TITLE  MME  STREET ADDRESS  CI				Dt	(2.2.2.			
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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$50.00				Street Address (I		20. Box Number is Not Acceptable)		
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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$50.00				City			<b>■</b> Zin Co.	do.
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1. I hereby certify that the information supplied with this filling 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1. I nereby ce	ertify that the information supplied with the	nis filing does not qualify for t		ection 119 07/3\/i) =	Torida Statutos Liveta	r portification that the	formatic :

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEDBER, MANAGER,