


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000009814	
1. Entity Name LAKEHAVEN APARTMENTS, INC.	

Principal Place of Business 500 FEDHAVEN CIRCLE FEDHAVEN, FL 33854	Mailing Address PO BOX 8347 LAKE SHORE, FL 33854-8347 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3406997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, MARK R
777 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, MARK R 777 ARTHUR GODFREY RD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, ROBERT M 5032 BRANDWINE WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, RICHARD 207 LAKE ST EVANSTON, IL 60201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANNA, CHARLES DI 64 W. BROTHER DR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

100000557122
05/17/06-80036-022 150.00

100000557122
05/17/06-80036-022 150.00

100000557122
05/17/06-80036-023 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE: X  **MARK R. RUBIN** **4/20/06** **305-538-4314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #