


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 013 \*\*\*\*50.00

**DOCUMENT # L00000015349**

1. Entity Name  
 46/46A, L.L.C.



Principal Place of Business  
 1275 LAKE HEATHROW LANE  
 HEATHROW, FL 32746

Mailing Address  
 1275 LAKE HEATHROW LANE  
 HEATHROW, FL 32746

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-3726517**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOWNING, HAROLD L  
 WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Paul Roecker, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1275 Lake Heathrow Lane**

City **Heathrow** **FL** Zip Code **32746**

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 *Paul Roecker* DATE 4-20-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	HEATHROW LAND COMPANY LIMITED PARTNERSHIP
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	MGR <input type="checkbox"/> Delete
NAME	4/46A CORP
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 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: *Paul Roecker* DATE: 4-20-06 DAYTIME PHONE #: 407 333 1000 x125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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