


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015349</b> 1. Entity Name 46/46A, L.L.C.	
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Principal Place of Business 1275 LAKE HEATHROW LANE HEATHROW, FL 32746	Mailing Address 1275 LAKE HEATHROW LANE HEATHROW, FL 32746
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04032008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3726517</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROECKER, PAUL ESQ  
 1275 LAKE HEATHROW LANE  
 LAKE MARY, FL 32746

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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 \$138.75  
After May 1, 2008 Fee will be \$538.75

U00000939087  
05/28/08-80014-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEATHROW LAND COMPANY LIMITED PARTNERSHIP
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	MGR
NAME	4/46A CORP
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 Roeder* Paul Roeder      4-13-08      407 333 1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #