

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2006 90034 010 ****50.00

DOCUMENT # L01000022369

1. Entity Name
HEATHROW UTILITIES OF LAKE COUNTY, L.L.C.



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

Mailing Address
**1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

60036841



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0091983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DOBOSH, JOE A	
STREET ADDRESS	1275 LAKE HEATHROW LANE	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	APOSTOLICAS, GEORGE	
STREET ADDRESS	1275 LAKE HEATHROW LANE	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	46/46A, LLC	
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
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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:

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

Date

Daytime Phone #

[Signature] 4-21-06 4073331000 x125