

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 006 \*\*\*\*50.00

**DOCUMENT # L02000001254**

1. Entity Name  
**HEATHROW REALTY, L.L.C.**



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

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

**30010592**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06092006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

**59-3381819**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**R. Paul Roecker**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HEATHROW LAND COMPANY LIMITED PARTNERSHIP  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager/Secretary  
J. Bradford Millsap**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**6/13/06 4073331400**  
Date Daytime Phone #