2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000001254

1. Entity Name

HEATHROW REALTY, L.L.C.



FILED Apr 18, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1275 LAKE HEATHROW LANE HEATHROW, FL 32746 1275 LAKE HEATHROW LANE HEATHROW, FL 32746



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3381819

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

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

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATHROW LAND COMPANY LIMITED PARTNERSHIP 1275 LAKE HEATHROW LANE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS MILLSAP, JOSEPH B 1275 LAKE HEATHROW LANE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1	and the contract of the contra

DO NOT WRITE IN THIS SPACE

U00000714177 04/27/07-80013-009 50.00

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:

faulle_

Parl Roccher

1-24-07

4073331400

Date

Daytime Phone #