


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007418			
1. Entity Name HEATHROW LIMITED, L.L.C.			
Principal Place of Business 121 SEVILLE ROAD WEST PALM BEACH, FL 33405		Mailing Address 121 SEVILLE ROAD WEST PALM BEACH, FL 33405	
2. Principal Place of Business 1111 Lakeview Drive Suite, Apt. #, etc.		3. Mailing Address 1111 Lakeview Drive Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country United States	Zip 32789 Country United States	
4. FEI Number 01-0659653		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORLANDO, LINDA 165 EAST PALMETTO PARK ROAD BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name Rodgers, Linda J. Street Address (P.O. Box Number is Not Acceptable) 1746 3rd Ave N #2 City Lake Worth FL Zip Code 33460	
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 <u>Linda J. Rodgers</u> (NOTE: Registered Agent signature required when reinstating) 4-30-03 DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christopher Kroha</u> Managing Member 4-30-03 561-262-6090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CR2E083 (10/02)