2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90045 002 ****50.00

DOCUMENT # L02000033777

1. Entity Name
HEATHROW ACADEMY LLC

Principal Place of Business	Mailing Address
902 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32174	902 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32174

20016215

02152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
197 River Village Drive	197 River Village Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBary, FL	City & State: DeBary, FL
Zip: 32713 Country: USA	Zip: 32713 Country: USA

4. FEI Number: 02-0670658 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KING, P. BRUCE SR
902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: Mark Schuh
Street Address (P.O. Box Number is Not Acceptable): 80 Spring Vista Drive, Suite 200
City: DeBary FL Zip Code 32713

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] Mark C. Schuh 2/14/05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, SR., PATRICK BRUCE 902 SPRING VALLEY DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patrick Bruce King, Sr. 2244 Durrahs Shore Drive Buford, GA 30519-6233	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAFFORD, SHERYL 197 RIVER VILLAGE DRIVE DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Patrick Bruce King, Sr. 2-16-05 (678) 714-7379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #