2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90045 002 ****50.00

L02000033777

DOCUMENT # L02000033777

1. Entity Name
HEATHROW ACADEMY LLC

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

Mailing Address
902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32174

2. Principal Place of Business
197 River Village Drive
Suite, Apt. #, etc.

3. Mailing Address
197 River Village Drive
Suite, Apt. #, etc.

02152005 Chg-LLC CR2E083 (10/03)

City & State: DeBary, FL
Zip: 32713 Country: USA

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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: Mark C. Schuh — 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	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	KING, SR., PATRICK BRUCE	NAME	Patrick Bruce King, Sr.
STREET ADDRESS	902 SPRING VALLEY DRIVE	STREET ADDRESS	2244 Duncans Shore Drive
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Auburn, GA 30519-6239
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STAFFORD, SHERYL	NAME	
STREET ADDRESS	197 RIVER VILLAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 32713	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Patrick Bruce King, Sr. — 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 #