

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90039 025 ****50.00

DOCUMENT # L03000042688

1. Entity Name
HEATHROW MORTGAGE, LLC



Principal Place of Business
**300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746**

Mailing Address
**300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3381626

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, 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 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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SELBY, C. THOMAS
300 INTERNATIONAL PKWY., STE. 300
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHRISTY, KATHERINE A
300 INTERNATIONAL PKWY., STE 300
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3-1-07

Date

407-333-1604

Daytime Phone #