


FILED
Jun 16, 2006 8:00 am
Secretary of State

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DOCUMENT # L04000030743

1. Entity Name
HEATHROW COUNTRY ESTATES REALTY, L.L.C.



Principal Place of Business
21600 COVERED BRIDGE LANE
SORRENTO, FL 32776

Mailing Address
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3726517

Applied For
Not Applicable

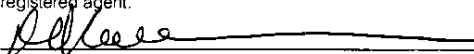
5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DOWNING, HAROLD L
WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
Name
R. PAUL ROECKER
Street Address (P.O. Box Number is Not Acceptable)
1275 Lake Heathrow Lane
City
Heathrow FL Zip Code
32746

B. 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
6/13/06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	46/46A, LLC	
STREET ADDRESS	1275 LAKE HEATHROW LANE	
CITY-ST-ZIP	HEATHROW, FL 32746	

TITLE	Manager/Secretary	<input type="checkbox"/> Delete
NAME	J. BRADFORD MILLSAP	
STREET ADDRESS	1275 Lake Heathrow Lane	
CITY-ST-ZIP	Heathrow, FL 32746	


TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  6/13/06 4073331400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #