

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030743

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEATHROW COUNTRY ESTATES REALTY AND MANAGEMENT, L.L.C.

Current Principal Place of Business:

21600 COVERED BRIDGE LANE
SORRENTO, FL 32776

New Principal Place of Business:

26026 MEMBER LANE
SORRENTO, FL 32776

Current Mailing Address:

1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 59-3726517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROECKER, PAUL R
1275 LAKE HEATHROW LN
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

APOSTOLICAS, GEORGE P
1275 LAKE HEATHROW LN
HEATHROW, FL 32746 US

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.

SIGNATURE: GEORGE P APOSTOLICAS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: 46/46A, LLC
Address: 1275 LAKE HEATHROW LANE
City-St-Zip: HEATHROW, FL 32746 US

Title: MGRS () Delete
Name: MILLSAP, JOSEPH B
Address: 1275 LAKE HEATHROW LN
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRS (X) Change () Addition
Name: MILLSAP, JOSEPH B
Address: 1275 LAKE HEATHROW LN
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE P APOSTOLICAS

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date