2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000047245

1. Entity Name

PARK PLACE HEATHROW, LLC



Principal Place of Business

1515 INTERNATIONAL PKWY

SUITE 3001

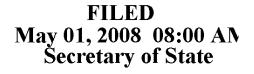
LAKE MARY, FL 32746

Mailing Address

1515 INTERNATIONAL PKWY

SUITE 3001

LAKE MARY, FL 32746





04012008 No Chg-LLC

CR2E083 (12/07)

4,	FEI Number		Applied For
	20-1284479	 	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	O Additional equired

6. Name and Address of Current Registered Agent

PELLONI, JAMES E 725 PRIMERA BLVD. SUITE 130 LAKE MARY, FL 32746 DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			•	
SIGNATURE.	Signature, typed or printed name of registered agen) and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	0	000000936972	
9.	MANAGING MEMBERS/MANAGERS		1977 的第三人称单数形式	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLONI, JAMES E 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLONI, BARTON 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLONI, JUSTIN 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746	DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTH	IIS SPACE	
TITLE				

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

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:

STREET ADDRESS
CITY-ST-ZIP.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/08

Daytime Phone #