
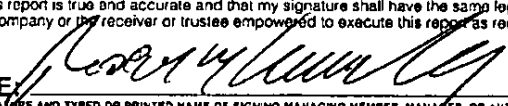


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-14-2006 90205 004 ****50.00

DOCUMENT # L05000080785 1. Entity Name RBK HEATHROW, LLC						
Principal Place of Business 217 N. WESTMONTE DRIVE SUITE 3021 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 217 N. WESTMONTE DRIVE SUITE 3021 ALTAMONTE SPRINGS, FL 32714 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
GENERAL COUNSEL ADVISORS, P.A. 1001 N. LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and sole if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, ROGER B JR			NAME		
STREET ADDRESS	217 N. WESTMONTE DR., SUITE 3021			STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714			CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, ROGER B			NAME		
STREET ADDRESS	217 N. WESTMONTE DR., SUITE 3021			STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date Roger B. Kennedy Jr. 3/7/06 <small>Daytime Phone #</small>		

30003569



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3353101** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ph # 407.478.4500



ATTACHMENT

30003969

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

RBK HEATHROW, LLC
217 N. WESTMONTE DRIVE
SUITE 3021
ALTAMONTE SPRINGS, FL 32714 US

Subject: RBK HEATHROW, LLC

Reference Number: L05000080785

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM
ANNUAL REPORTS SECTION