


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000021181		
1. Entity Name HEATHROW/FL, LLC		

FILED
07 APR 30 AM 10:09
TALLAHASSEE, FLORIDA

Principal Place of Business 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 US	Mailing Address 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 US
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2. Principal Place of Business - No P.O. Box # 25 IMPERIAL STREET	3. Mailing Address 25 IMPERIAL STREET
Suite, Apt. #, etc. SUITE 500	Suite, Apt. #, etc. SUITE 500
City & State TORONTO ONTARIO	City & State TORONTO ONTARIO
Zip M5P 1B9	Country CANADA

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8539137	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROECKER, R. PAUL 1275 LAKE HEATHROW LANE HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAURIE, FRANK 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAURIE, FRANK 1275 25 IMPERIAL STREET SUITE 500 TORONTO ONTARIO M5P 1B9 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSON, BARRY D 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIPSON, BARRY 151 YONGE STREET SUITE 1500 TORONTO ONTARIO M5C 2W7 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103010028 05/22/07--01021--004 **1650.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 19 APR 2007 46-483-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #