2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115870

177 SUNTREE COURT

City-St-Zip: ORMOND BEACH, FL 32174

Address:

Entity Name: HEATHROW COUNSELING CENTER LLC

FILED Jul 03, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal F	New Principal Place of Business:	
	RNATIONAL BLVD. #3011 DW, FL 32746			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
	SPERING WOODS PT. D, FL 32771			
FEI Number In accordan	: FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability	FEI Number Not Applicable company did not receive the prior		
Name and	I Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
SANFORE The above	SPERING WOODS POINT P, FL 32771 US Inamed entity submits this statement for the of Florida.	ne purpose of changing its reg	istered office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete VOTRA, HAROLD JR. 5590 WHISPERING WOODS PT SANFORD, FL 32771	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete VOTRA, MACHELLE 5590 WHISPERING WOODS PT SANFORD, FL 32771	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete BROUNNS. CARLEEN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MACHELLE VOTRA MGRM 07/03/2007