

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2008-90037-020-\$50.00-\$50.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:39

DOCUMENT # L07000014909

1. Entity Name  
HEATHROW HOLDINGS, LLC



Principal Place of Business  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

Mailing Address  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
90-0325907

Applied For  
Not Applicable

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
APOSTOLICAS, GEORGE P ☐ Delete  
STREET ADDRESS 1275 LAKE HEATHROW LANE  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE NAME MGR  
ROECKER, R. PAUL ☐ Delete  
STREET ADDRESS 1275 LAKE HEATHROW LANE  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800131633598  
CITY-ST-ZIP 06/24/08--01042--004 \*\*\*88.75

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Paul Roecker

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

4-13-08

Date

407337400

Daytime Phone #