2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006
Secretary of State

DOCUMENT# M05000000330

Entity Name: HEATHROW OAKS LLC

Current Principal Place of Business:

2200 YONGE STREET, SUITE 1600
TORONTO
ONTARIO, CANADA M4S 2C6,

New Principal Place of Business:

1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

Current Mailing Address:

2200 YONGE STREET, SUITE 1600
TORONTO
ONTARIO, CANADA M4S 2C6,

New Mailing Address:

1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

FEI Number: 98-0447051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KOLTER LOWRISE LLC,
Address: 2200 YONGE STREET, SUITE 1600
City-St-Zip: ONTARIO, CANADA M4S 2C6,

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KOLTER LOWRISE LLC,
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL CLARKE CFO 08/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date