


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90317 022 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L05000056990**  
 1. Entity Name  
**FAIR WIND REAL ESTATE INVESTMENTS, LLC**




Principal Place of Business      Mailing Address  
**530 BRICKELL KEY DRIVE**      **530 BRICKELL KEY DRIVE**  
**SUITE 0-305**      **SUITE 0-305**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**520 BRICKELL KEY DRIVE**      **520 Brickell Key Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 0-305**      **SUITE 0-305**

City & State      City & State  
**MIAMI, FL**      **Miami, FL**

Zip      Country      Zip      Country  
**33131**      **USA**      **33131**      **USA**

60946605



01102007    Chg-LLC    CR2E083 (12/08)

4. FEI Number      Applied For  
**51-0543866**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC**  
**520 BRICKELL KEY DR**  
**SUITE 0-305**  
**MIAMI, FL 33131**

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: \_\_\_\_\_ (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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIAO, KATHY 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131 <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
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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 606, Florida Statutes.

SIGNATURE: Kathy Liao      Kathy Liao      03/30/2007      305 4430536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #