

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A99000001139**

1. Entity Name  
**FAIRWAY VIEW ASSOCIATES, LTD.**



**FILED**

2007 APR 23 AM 10:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 6881 NW 173RD DRIVE  
 MIAMI, FL 33015

Mailing Address  
 P.O. BOX 158  
 HIALEAH, FL 33010

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

3. Mailing Address

*P O Box 158*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012007 Chg-LP CR2E003 (12/06)

City & State

*City & State  
 Hialeah, FL*

4. FEI Number  
 65-0930354

Applied For  
 Not Applicable

Zip

Country

*Zip  
 33011*

*Country  
 USA*

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNETTI, STEPHEN P  
 2200 EAST 4TH AVENUE  
 HIALEAH, FL 33010

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 BRUNETTI, JOHN J  
 2200 E. 4TH AVENUE  
 HIALEAH, FL 33010

STREET ADDRESS  
 CITY - ST - ZIP

*[Signature]*

DOCUMENT #  
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/18/07* 305 885-8000

Date

Daytime Phone #