


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90111 009 ****50.00

DOCUMENT # L00000007513					
1. Entity Name FAIRWAY TITLE SERVICES, L.L.C.					
Principal Place of Business 120 EAST STATE STREET, SUITE 101 OLDSMAR, FL 34677-3647			Mailing Address 14902 WINDING CREEK COURT, SUITE 102-C TAMPA, FL 33613		
2. Principal Place of Business		3. Mailing Address 8431 W. Linebaugh Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL		4. FEI Number 59-3654914	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGESMAN, FRED C 120 EAST STATE STREET, SUITE 101 OLDSMAR, FL 34677-3647			7. Name and Address of New Registered Agent Name: <u>Curtis R. Niehoff</u> Street Address (P.O. Box Number is Not Acceptable): <u>4613 Hidden Shadow Dr.</u> City: <u>Tampa</u> FL Zip Code: <u>33614</u>		
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 September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIEHOFF, CURTIS R 240 BALSAM DRIVE OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Curtis R. Niehoff</u> <u>4613 Hidden Shadow Dr.</u> <u>Tampa, FL 33614-1476</u>	
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	
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 exemption stated in Section 119.07(3)(i), 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: _____			Date: <u>7-13-05</u> Daytime Phone #: <u>813/269-7276</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					