

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: Suite, Apt. #, etc.
 3. Mailing Address: 8431 W. Linebaugh Ave
 Suite, Apt. #, etc.

City & State: Tampa, FL
 Zip: 33625-3129 Country: USA



07122005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3654914
 Applied For: Not Applicable

5. Certificate of Status Desired: \$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: Curtis R. Niehoff
 Street Address (P.O. Box Number is Not Acceptable): 4613 Hidden Shadow Dr.
 City: Tampa FL Zip Code: 33614

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00
Due by September 7, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: NIEHOFF, CURTIS R STREET ADDRESS: 240 BALSAM DRIVE CITY-ST-ZIP: OLDSMAR, FL 34677	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: Curtis R. Niehoff STREET ADDRESS: 4613 Hidden Shadow Dr. CITY-ST-ZIP: Tampa, FL 33614-1476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 7-13-05 Daytime Phone #: 813/269-7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE