

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90021 017 \*\*\*\*50.00

**DOCUMENT # L01000020094**

1. Entity Name  
7111 FAIRWAY, L.L.C.



Principal Place of Business  
1601 FORUM PLACE  
200  
WEST PALM BEACH, FL 33401 US

Mailing Address  
1601 FORUM PLACE  
200  
WEST PALM BEACH, FL 33401 US

**24064884**



04272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1150069

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GROSSMAN, JAY M  
1601 FORUM PLACE  
SUITE 200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                                                    |                                                                                         |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SEGAL, RICHARD D<br>707 WESTCHESTER AVENUE, SUITE 401<br>WHITE PLAINS, NY 10604 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |

000000142463 SC  
04/20/04 00052-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/04

561-471-8000