


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90072 007 \*\*\*\*50.00

<b>DOCUMENT # L03000008907</b>	
1. Entity Name <b>FAIRVIEW DRIVE, LLC</b>	

Principal Place of Business <b>2811 NE 36TH STREET LIGHTHOUSE POINT, FL 33064</b>	Mailing Address <b>8100 MCKIM COURT LOS ANGELES, CA 90046</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P. O. Box 50313</b> Suite, Apt. #, etc.
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City & State <b>Lighthouse Point, FL</b>	City & State <b>Lighthouse Point, FL</b>
Zip <b>33074</b>	Country <b>USA</b>



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1181991</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BEIGHLEY &amp; MYRICK, P.A. 1255 W. ATLANTIC BLVD. SUITE 314 POMPANO BEACH, FL 33069</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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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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:** Jeffrey B. Chauncey, MGRM **1/14/04** **213/952-8477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #