
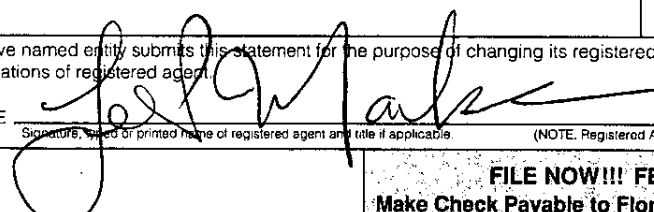


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90013 013 ****50.00

DOCUMENT # L03000015405			
1. Entity Name FAIRSHARE, LLC			
Principal Place of Business 9100 S. DADELAND BLVD. SUITE: 1100 MIAMI FL 33156		Mailing Address 9100 S. DADELAND BLVD. SUITE: 1100 MIAMI FL 33156	
2. Principal Place of Business 560 Lincoln Road		3. Mailing Address 560 Lincoln Rd	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
6. Name and Address of Current Registered Agent MARKS, LEE P 3326 MARY STREET SUITE: 202 MIAMI FL 33133		7. Name and Address of New Registered Agent 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  DATE 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAUFF, STUART 9100 S. DADELAND BLVD. STE: 1100 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cauff, Stuart 560 Lincoln Road Ste 300 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAUFF, ABBY 9100 S. DADELAND BLVD. STE: 1100 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cauff, Abby 560 Lincoln Road Ste 300 Miami Beach, FL 33139 <input checked="" 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/04

Date

Daytime Phone #