


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020941 1. Entity Name FAIRWAYS ON THE GREEN, LLC	
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Principal Place of Business C/O MR. ALLAN V. ROSE // AVR REALTY C ONE EXECUTIVE BOULEVARD YONKERS NY 10701	Mailing Address C/O MR. ALLAN V. ROSE // AVR REALTY C ONE EXECUTIVE BOULEVARD YONKERS NY 10701
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 65-1192150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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's signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE _____ <input type="checkbox"/> Delete NAME ROSE, ALLEN V STREET ADDRESS 1 EXECUTIVE BLVD CITY-ST-ZIP MONTICELLO NY 12701	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	

10. ADDITIONS/CHANGES	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	000000214184 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/04/05-80002-005 \$0.00
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Allen Rose 1-26-05 914-965-3950
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Lifetime Phone #