


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L0300025551 1. Entity Name FAIRBANKS AVENUE L.L.C.	
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Principal Place of Business 1477 W. FAIRBANKS WINTER PARK FL 32789-7113	Mailing Address 121 MAJORCA AVE CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number 03-0529630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HELSEBY, WAYNE L 1477 W. FAIRBANKS WINTER PARK FL 32789-7113
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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

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
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	HELSEBY, WAYNE L
STREET ADDRESS	1477 W. FAIRBANKS
CITY - ST - ZIP	WINTER PARK FL 32789-7113
TITLE	MGRM <input type="checkbox"/> Delete
NAME	NORTON, ROBERT L
STREET ADDRESS	121 MAJORCA AVENUE
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	MGRM <input type="checkbox"/> Delete
NAME	NORTON, SUSAN POTTER
STREET ADDRESS	121 MAJORCA AVENUE
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	MGRM <input type="checkbox"/> Delete
NAME	LEVITT, MARK E
STREET ADDRESS	324 SOUTH HYDE PARK
CITY - ST - ZIP	TAMPA FL 33606
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SAMPO, PETER
STREET ADDRESS	121 MAJORCA AVENUE
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	MGRM <input type="checkbox"/> Delete
NAME	LARKIN, ROBERT E III
STREET ADDRESS	906 N MONRIE ST.
CITY - ST - ZIP	TALLAHASSEE FL 32303

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100010508750
CITY - ST - ZIP	04/28/06-80018-005 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 4-11-06	Daytime Phone #: 305-445-719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		