

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90149 027 ***138.75



DOCUMENT # L03000025551

1. Entity Name

FAIRBANKS AVENUE L.L.C.

Principal Place of Business

1477 W. FAIRBANKS
WINTER PARK FL 32789-7113

Mailing Address

121 MAJORCA AVE
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

03-0529630

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELSEBY, WAYNE L
1477 W. FAIRBANKS
WINTER PARK FL 32789-7113

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's printed name required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL MATTHEW		
STREET ADDRESS	906 N. MONROE STREET		
CITY - ST - ZIP	TALLAHASSEE, FLORIDA 32303		
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 60B, Florida Statutes.

SIGNATURE:

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

DATE

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