

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025551

FILED
Feb 23, 2009
Secretary of State

Entity Name: FAIRBANKS AVENUE L.L.C.

Current Principal Place of Business:

1477 W. FAIRBANKS
WINTER PARK, FL 327897113

New Principal Place of Business:

Current Mailing Address:

121 MAJORCA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0529630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELSEBY, WAYNE L
1477 W. FAIRBANKS
WINTER PARK, FL 327897113 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HELSEBY, WAYNE L
Address: 1477 W. FAIRBANKS
City-St-Zip: WINTER PARK, FL 327897113

Title: MGRM () Delete
Name: NORTON, ROBERT L
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: NORTON, SUSAN POTTER
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LEVITT, MARK E
Address: 324 SOUTH HYDE PARK
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: SAMPO, PETER
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LARKIN, ROBERT E III
Address: 906 N MONRIE ST.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEVITT, MARK E
Address: 1477 W. F AIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. NORTON

MGRM

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date