


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043021 1. Entity Name FAIRBANKS 2721, LLC.	
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Principal Place of Business 2721 WEST FAIRBANKS AVENUE WINTER PARK, FL 32789	Mailing Address 2721 WEST FAIRBANKS AVENUE 100 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0098881	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 SMATHERS, WILLIAM H 2721 WEST FAIRBANKS AVENUE 100 WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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 signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMATHERS, RAMSEY 2721 W. FAIRBANKS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMATHERS, SUSAN R 2721 W. FAIRBANKS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMATHERS, WILLIAM H 2721 W. FAIRBANKS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMATHERS, WILLIAM H III 2721 W. FAIRBANKS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Ramsey Smathers* **Ramsey Smathers** 4-21-05 (407) 478-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #