


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90171 030 \*\*\*150.00

**DOCUMENT # L03000055495**

1. Entity Name  
**FENWAY LLC**



Principal Place of Business      Mailing Address  
**1600 ROYAL PALM WAY**      **1600 ROYAL PALM WAY**  
**BOCA RATON FL 33432**      **BOCA RATON FL 33432**

**34003372**



MOORE CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address  
**1201 E HILLSBORO BLVD**      **1201 E HILLSBORO BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DEERFIELD BEACH, FL**      **DEERFIELD BEACH, FL**  
 Zip      Country      Zip      Country  
**33441**           **33441**           **33441**

4. FEI Number: **01-0804218**      Applied For  
**QUADREX**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENMURGY, JAMES M**  
**1600 ROYAL PALM WAY**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 Name: **ROSENMURGY, ALEXANDE S II**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1201 E HILLSBORO BLVD**  
 City: **DEERFIELD BEACH**      FL      Zip Code: **33441**

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:       DATE: **3/8/04**

Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1 2004**

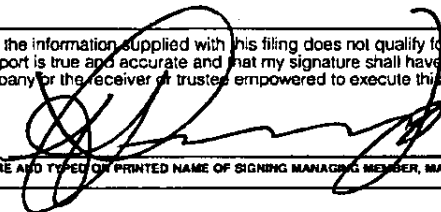
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	ROSENMURGY, JAMES M	1600 ROYAL PALM WAY	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DIRECTOR	JAMES M. ROSENMURGY	1201 E HILLSBORO BLVD	DEERFIELD BEACH, FL 33441	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGER	ALEXANDE S. ROSENMURGY II	1201 E HILLSBORO BLVD	DEERFIELD BEACH, FL 33441	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **3/8/04**      Daytime Phone #: **(954)571-3404**

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