

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055495

FILED
Apr 02, 2007
Secretary of State

Entity Name: FENWAY LLC

Current Principal Place of Business:

1201 E. HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

1201 E. HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 01-0804218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEMURGY, ALEXANDER S II
1201 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 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: D () Delete
Name: ROSEMURGY, JAMES M
Address: 1201 E HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: ROSEMURGY, ALEXANDER S II
Address: 1201 E HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DST () Delete
Name: ROSEMURGY, KIMBERLY A
Address: 1201 E HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY A ROSEMURGY

DST

04/02/2007

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