


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90072 019 \*\*\*\*55.00

**DOCUMENT # L04000014523**

1. Entity Name  
**FAIRWAYS, L.L.C.**



Principal Place of Business      Mailing Address  
**1255 SOUTH MILITARY TRAIL, SUITE 200**      **1255 SOUTH MILITARY TRAIL, SUITE 200**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442**

**20034781**

2. Principal Place of Business      3. Mailing Address  
*2750 Golf Club Circle*      Suite, Apt. #, etc.



02112005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
*West Palm Beach, FL*      ---

4. FEI Number      Applied For  
*55-0858188*      Not Applicable

Zip      Country      Zip      Country  
*33417*      *US*      *33417*      *US*

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

**6. Name and Address of Current Registered Agent**  
**WALDMAN, ANDREW**  
**1255 SOUTH MILITARY TRAIL, SUITE 200**  
**DEERFIELD BEACH, FL 33442**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDMAN, ANDREW 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDMAN, ANA MARIA 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Ana Maria Waldman, Mgr*      *04/08/05*      *954-418-6100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #