


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.



20034781

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

Mailing Address
**1255 SOUTH MILITARY TRAIL, SUITE 200
 DEERFIELD BEACH, FL 33442**



2. Principal Place of Business
2750 Golf Club Circle
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

City & State
West Palm Beach, FL

City & State

Zip
33417 Country **US**

Zip Country

4. FEI Number
55-0858188

Applied For
 Not Applicable

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		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #