


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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DOCUMENT # L04000014523	
1. Entity Name FAIRWAYS, L.L.C.	

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

City & State West Palm Beach, FL	City & State
Zip 33417	Country US

6. Name and Address of Current Registered Agent WALDMAN, ANDREW 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442	
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02112005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 55-0858188	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required	

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
(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
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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
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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: <i>Andrew Waldman, Mgr</i>	Date: <i>04/08/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone # <i>954-418-6100</i>	