


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90063 034 \*\*\*\*55.00

<b>DOCUMENT # L04000014523</b> 1. Entity Name FAIRWAYS, L.L.C.	
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Principal Place of Business 2750 GOLF CLUB CIR WEST PALM BEACH, FL 33417 US	Mailing Address 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0858188	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALDMAN, ANDREW C. 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDMAN, ANDREW C 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDMAN, ANA MARIA 1255 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u>AM Waldman, Mgr.</u> , <u>A.M. Waldman, Mgr.</u> <u>04/01/06</u> <u>(954) 426 2600</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		