

-2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90260 023 ****55.00

DOCUMENT # L04000014523

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



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

60048228



03292007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0858188	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** 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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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

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.

SIGNATURE: *Andrew C. Waldman*, *Mgr.*, *A. M. Waldman*, *Mgr.* Date: *04/29/07* (954) 426-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #