2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Mar 17, 2005 8:00 am Secretary of State

DOCUMENT # L04000035925 1. Entity Name FAIRWAY ISLES, LLC					03-17-200:	5 90138 012 *	****55	i.00
Principal Place of Business 14600 S.W. 136TH STREET MIAMI, FL 33186		Mailing Address 14600 S.W. 136TH STREET MIAMI, FL 33186						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092005 Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number 20-1301309		-	plied For t Applicable	
Zip	Country	Zip .	Coun	itry	5. Certificate of Status Desired	V Fee	00 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered Agen	t	
HADDIC D	THOTT		_	Name				
HARRIS, ELLIOTT 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130				Street Address (dress (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code	<u>.</u>
The above named entity submits this statement for the purpose of changing its register.			register	ed office or register	red agent or both in the State of I		iar with	and accept
	ions of registered agent.	or the purpose of changing its	registere	ad office of register	ed agent, or both, in the state of t	ionga. Familanii	isi witii, e	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signature required	d when reinstating)	DATE		
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Fi Di 2	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	Control States (2007)	10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Flori	ake check payal da Department	ole to of State	,
9. JITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MGC/MIL, LLC 14600 S.W. 136TH STREET	Control States (2007)	TITLE NAM STRE	E EE EET AODRESS	Flori	da Department	ole to of State Change	Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MGC/MIL, LLC 14600 S.W. 136TH STREET MIAMI, FL 33186 MGRM MRC/ASIA, LLC 14600 S.W. 136TH STREET	ERS/MANAGERS	TITLE NAM STRE CITY TITLE NAM STRE	E , EE , EET ADDRESS -ST-ZIP E EET ADDRESS	Flori	da Department	of State	
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thereby 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.

(305) 358-0146 Date Daylime Phone #