

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060728

Entity Name: FAIRBANK LENNON, LLC

FILED
May 14, 2007
Secretary of State

Current Principal Place of Business:

1424 WHITE STREET
KEY WEST, FL 33040

New Principal Place of Business:

1109 WINDSOR LN
KEY WEST, FL 33040

Current Mailing Address:

1424 WHITE STREET
KEY WEST, FL 33040

New Mailing Address:

1109 WINDSOR LN
KEY WEST, FL 33040

FEI Number: 20-1389212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOHATCH, JOHN S
2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAIRBANK, JONATHAN
Address: 1424 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: LENNON, LISA
Address: 1424 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAIRBANK, JONATHAN
Address: 1109 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: LENNON, LISA
Address: 1109 WINDSOR LN
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA LENNON

MM

05/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date