

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90072 028 ***138.75

DOCUMENT # L04000069766

1. Entity Name

FAIRWAY APARTMENTS, LLC



Principal Place of Business

17 GREENVALE DRIVE
ORMOND BEACH FL 32174

Mailing Address

17 GREENVALE DRIVE
ORMOND BEACH FL 32174

2. Principal Place of Business - No P.O. Box #

9 INDIAN SPRINGS DR

3. Mailing Address

9 INDIAN SPRINGS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip 32174

Country USA

Zip 32174

Country USA

4. FEI Number

35-2237982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

PEDERSEN, MICKY
17 GREENVALE DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

MICKY PEDERSEN

Street Address (P.O. Box Number is Not Acceptable)

9 INDIAN SPRINGS Drive

City

ORMOND BEACH

FL

Zip Code

32174

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

Micky Pedersen

MICKY PEDERSEN

2-6-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PEDERSEN, MICKY
STREET ADDRESS 17 GREENVALE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Micky Pedersen

MICKY PEDERSEN

2-6-08

386-383-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #