

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069766

Entity Name: FAIRWAY APARTMENTS, LLC

FILED  
Jun 14, 2009  
Secretary of State

## Current Principal Place of Business:

9 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

39 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

## Current Mailing Address:

9 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

## New Mailing Address:

39 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

FEI Number: 35-2237982      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:

PEDERSEN, MICKY  
9 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174      US

## Name and Address of New Registered Agent:

PEDERSEN, MICKY  
39 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174      US

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: MICKY PEDERSEN

06/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: PEDERSEN, MICKY  
Address: 17 GREENVALE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: PEDERSEN, MICKY  
Address: 39 INDIAN SPRINGS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: MICKY PEDERSEN

MGRM

06/14/2009

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