2006 LIMITED LIABILITY COMPANY

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHOR

Apr 11, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000000243** 04-11-2006 90015 010 ****50.00 1. Entity Name FAIRWAY II LLC Principal Place of Business Mailing Address 6967 VERDE WAY 6967 VERDE WAY NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-1030700 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alvin Lester Siloner KOCHMAN, RONALD S Street Address (P.O. Box Nu Box Number is Not Acceptable) 222 LAKEVIEW AVENUE Suik 403 SUITE 950 WEST PALM BEACH, FL 33401 Zip Code 33304 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 the obligations of regi SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change Addition TITLE ☐ Delete FITERMAN, STEVEN C NAME NAME 6967 VERDE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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.

RIZED REPRESENTATIVE

FILED