

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008402

Entity Name: FAIRWAY VILLAGES LLC

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

11000 METRO PARKWAY
SUITE 30
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

11000 METRO PARKWAY
SUITE 30
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-2256083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, KEITH M CPA
5235 RAMSEY WAY
SUITE 17
FORT MYERS, FL 33907 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: QUATTRONE, ALFRED
Address: 11000 METRO PARKWAY SUITE 30
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: BAGLEY, MARSHALL
Address: 4850 CEDAR HAMMOCK CT
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: QUATTRONE, LISA
Address: 11000 METRO PKWY SUITE 30
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 QUATTRONE

MGRM

01/04/2006

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