2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008402

Entity Name: FAIRWAY VILLAGES LLC

11000 METRO PKWY SUITE 30

FORT MYERS, FL 33912

Address:

City-St-Zip:

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11000 METRO PARKWAY SUITE 30 FORT MYERS, FL 33912 **New Mailing Address: Current Mailing Address:** 11000 METRO PARKWAY SUITE 30 FORT MYERS, FL 33912 FEI Number: 20-2256083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVER, KEITH M CPA 5235 RÁMSEY WAY SUITE 17 FORT MYERS, FL 33907 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete QUATTRONE, ALFRED Name: Name: Address: 11000 METRO PARKWAY SUITE 30 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BAGLEY, MARSHALL Name: Address: 4850 CEDAR HAMMOCK CT Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition QUATTRONE, LISA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALFRED QUATTRONE MGRM 04/08/2008