		May 1, 1998 o		Liability	Com	pany wi	ll be		***		
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 AND Secretary of State DIVISION OF CORPORATIONS							ĺ	FILED 98 APR - 1 011 % 09			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SE PROPERTY.			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19700000407								13		• •	· :
FAIRWAYS AT ROYAL OAK, L.C. 1130 W. PENDER ST., STE. 1400, VANCOUVER BRITISH COLUMBIA V6E 4A4								1a. Principal Place of Business Address 1130 W. PENDER ST., STE. 140 BRITISH COLUMBIA V6E 4A4			
2 Principal Place of Business 2a. Mail				ing Address				3. Date Organized or Qualified 3a. State			of Formation
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				04/10/1997 FL			
City & State			City & Sta	City & State				58-230	4545		Applied For Not Applicable
Zip	Country		Zip		Counti	untry		5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required	
	Agent Name			8. N	lame and Addres	s of New Regis	stered Agent/Office				
THOM 850 NAPL					P.O. Box Number is Not Acceptable) 2000248222						
	City				Zip Code						
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.											
SIGNATU	RE	(Penistered Accord According	n Appointment) (h	IOTE Registered A	nent signetur	a required when re	einstating'		DATE		
10. Title Managing Members/Managers				ppointment) (NOTE Registered Agent signature required when reinstatin Business Street Address				City, State and Zip C			Zip Code
MGR MGR	GALBRAITH, ROSS H TYNAN, BRENT			1130 W. PENDER ST.			•	1 BRITISH COLUMBIA V6E			
									()	/	
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Ost Ost											