

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000003051**

1. Entity Name

**FAIRVIEW FOREST APARTMENTS LLC**



Principal Place of Business

**12791 W. FOREST HILL BLVD., STE. 5B  
WELLINGTON, FL 33414**

Mailing Address

**12791 W. FOREST HILL BLVD., STE. 5B  
WELLINGTON, FL 33414**



03162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**11-3663449**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAINBRIDGE FAIRVIEW, INC.  
12791 W. FOREST HILL BLVD., STE. 5B  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

**MGR**

NAME

**BAINBRIDGE FAIRVIEW, LTD.**

STREET ADDRESS

**12791 W. FOREST HILL BLVD., STE. 5B**

CITY-ST-ZIP

**WELLINGTON, FL 33414**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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000000548489  
05/12/06-80064-020 55.00

**DO NOT WRITE  
IN THIS SPACE**

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 603, Florida Statutes.

**SIGNATURE:**

**Thomas J. Keady**

**4/20/06**

**561-333-3669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #