




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 047 ****50.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # M03000002461 1. Entity Name FAIRWAYS SPE LLC | | | |  | |
| Principal Place of Business 150 N. WACKER DRIVE CHICAGO, IL 60606 | | | Mailing Address C/O HOMETOWN AMERICA-T. COORSH, CFO 150 N. WACKER DR., STE. 900 CHICAGO, IL 60606 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. Suite 2800 | | 3. Mailing Address Suite, Apt. #, etc. Suite 2800 | |  | |
| City & State Zip Country | | City & State Zip Country | | 03102005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOMETOWN RESIDENTIAL MGR. LLC 150 N. WACKER DRIVE CHICAGO, IL 60606 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Hometown America Communities, Inc. 150 N. Wacker Dr., Ste. 2800 Chicago, IL 60606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | | | |
| SIGNATURE:  | | | Eugene J.M. Leone, Authorized Person 3/21/05 312/915-3113 | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |