

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002461

FILED
Feb 24, 2010
Secretary of State

Entity Name: FAIRWAYS SPE LLC

Current Principal Place of Business:

C/O HOMETOWN AMERICA 150 N. WACKER DRIVE
SUITE 2800
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

C/O HOMETOWN AMERICA 150 N. WACKER DRIVE
SUITE 2800
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 38-3140664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: HOMETOWN RESIDENTIAL MANAGER, L.L.C.
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: CEO
Name: CLINE, JR., RICHARD G
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: PRES
Name: O'BERRY, GREGORY A
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: CIO
Name: ZILIS, PATRICK C
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: SVP
Name: BRAUN, STEPHEN H
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: VP,T
Name: CURATOLO, THOMAS
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

I hereby 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: JEREMY MITCHELL, AUTHORIZED AGENT

MGR

02/24/2010

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