

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 012 ***138.75

DOCUMENT # M05000001678

1. Entity Name
FAIRVIEW ADVISORS, LLC



Principal Place of Business
**4101 GULF SHORE BOULEVARD NORTH
#4 NORTH
NAPLES, FL 34103 US**

Mailing Address
**4101 GULF SHORE BOULEVARD NORTH
#4 NORTH
NAPLES, FL 34103 US**

60014289



2. Principal Place of Business - No P.O. Box #

**3838 Taniami Trail
Suite, Apt. #, etc.
#416**

City & State
Naples FL

Zip Country
34103 USA

3. Mailing Address

**3838 Taniami Trail
Suite, Apt. #, etc.
#416**

City & State
Naples FL

Zip Country
34103 USA

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3740755

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGER, ELLIOTT
4101 GULF SHORE BOULEVARD NORTH
#4 NORTH
NAPLES, FL 34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
**MGRM
SINGER, ELLIOTT
4101 GULF SHORE BOULEVARD NORTH, #4 NORTH
NAPLES, FL 34103**

TITLE NAME ☒ Delete
**MGRM
WAJNERT, TOM
4101 GULF SHORE BOULEVARD NORTH, #4 NORTH
NAPLES, FL 34103**

TITLE NAME ☐ Delete
**MGRM
SHERMAN, STEVE
4101 GULF SHORE BOULEVARD NORTH, #4 NORTH
NAPLES, FL 34103**

TITLE NAME ☐ Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☒ Change ☐ Addition
**MGRM
Sherman, Steve
38 Fairview Avenue
Madison, NJ 07940**

TITLE NAME ☐ Change ☐ Addition
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**NAME
STREET ADDRESS
CITY-ST-ZIP**

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3.6.08