
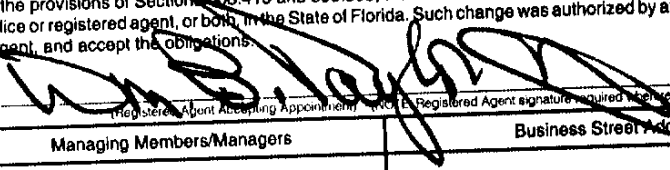



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company FAIRWAY MANAGEMENT, LC d/b/a Fair Management, 225 SOUTH COLLEGE TYLER TX 75702		DOCUMENT # M96000000379 1a. Principal Place of Business Address 225 SOUTH COLLEGE TYLER TX 75702	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		3. Date Organized or Qualified 10/02/1996	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation TX 4. FEI Number 75-2510370 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> See Fee Additional Fee Required	
7. Name and Address of Current Registered Agent DICKINSON, ROBERT C III 33920 U.S. 19 NORTH, SUITE 269 PALM HARBOR FL 34684		8. Name and Address of New Registered Agent Name William B. Taylor, IV Street Address (P.O. Box Number is Not Acceptable) 400 North Tampa Street Suite, Apt. #, etc. Suite 2300 City Tampa Zip Code FL 33602	
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, and hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE <u>Apr 13, 1997</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FAIR, JAMES W	225 SOUTH COLLEGE TYLER TX	100002148361--4 -04/18/97--01115--027 ****212.50 ****212.50
11. I do 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 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:  1/29/97 903-592-8509 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			