File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 15 AN 10: 43 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Sticke Mary of Jil Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALL AHASSEE, FLORIDA **DOCUMENT # M98000000630** A Principal Place of Business Address
C/O DR. J ALLEN YAGER FAIRWAY ONE, LLC C/O DR. J ALLEN YAGER 815 CLARIDGE HOUSE ONE, CLARIDGE DRIVE 815 CLARIDGE HOUSE ONE, CLAR VERONA NJ 07044 VERONA NJ 07044 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/15/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 200002814902---03/23/99--01032--007 \*\*\*\*188.75 \*\*\*\*188.75 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 egistered allent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered age \_ ITAG SIGNATURE ng Appointment; (NO1), Registered Agent signature required when remaind ring 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 815 CLARIDGE HOUSE ONE, CL VERONA NJ MGRM PAUL R. YAGER 19 AGASSIZ ST. #25 CAMBRIDGE MA OZI 40 MGRM HENRY M. YAGER 10 LONG FELLOW PARK CAMBRIDGE MA 34-19-99 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 it 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:

INHSE10 R (12-98)