

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000630

FILED
May 24, 2004
Secretary of State

Entity Name: FAIRWAY ONE, LLC

Current Principal Place of Business:

C/O YAGER 430 CENTRE ST.
#611
NEWTON, MA 024582086

New Principal Place of Business:

C/O YAGER 10 LONGFELLOW PARK
CAMBRIDGE, MA 02138

Current Mailing Address:

C/O YAGER 430 CENTRE ST.
#611
NEWTON, MA 024582086

New Mailing Address:

C/O YAGER 10 LONGFELLOW PARK
CAMBRIDGE, MA 02138

FEI Number: 04-3335599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHENKAMP, ERIC
2816 S MACDILL AVE
TAMPA, FL 33629 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/MEMBERS:

Title: MGRM () Delete
Name: ALLEN, YAGER J
Address: 430 CENTRE ST.
City-St-Zip: NEWTON, MA 024582086

Title: MGRM () Delete
Name: YAGER, PAUL R
Address: 19 AGASSIZ ST #25
City-St-Zip: CAMBRIDGE, MA 02140

Title: MGRM () Delete
Name: YAGER, HENRY M
Address: 10 LONG FELLOW PARK
City-St-Zip: CAMBRIDGE, MA 02138

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY YAGER

MGRM

05/24/2004

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