

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000630

FILED
May 03, 2007
Secretary of State

Entity Name: FAIRWAY ONE, LLC

Current Principal Place of Business:

C/O YAGER 10 LONGFELLOW PARK
CAMBRIDGE, MA 02138

New Principal Place of Business:

Current Mailing Address:

C/O YAGER 10 LONGFELLOW PARK
CAMBRIDGE, MA 02138

New Mailing Address:

FEI Number: 04-3335599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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 exemption stated in Chapter 119, 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: ERIC RAHENKAMP

MR.

05/03/2007

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