## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## DOCUMENT # M99000000556

**FAIRWAY EXECUTIVE LLC** 



Principal Place of Business

Mailing Address

455 FAIRWAY DRIVE SUITE 184 301 DEERFIELD BEACH, FL 33441

455 FAIRWAY DRIVE

SUITE 104- 301 DEERFIELD BEACH, FL 33441 US

**FILED** Jan 31, 2005 8:00 am **Secretary of State** 

01-31-2005 90196 041 \*\*\*\*50.00

**40000040** 



01182005 No Chg-LLC

CR2E083 (10/03)

954-429

9000

Daytime Phone #

1-25-04

4. FEI Number		Applied For
52-2160239		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL, SIMONE 455 FAIRWAY DRIVE SUITE 401 30 ( DEERFIELD BEACH, FL 33441

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office	or registered agent, or both, in the St	ate of Florida. I am familiar with, and a	ccept
SIGNATURE_					
01014/1101422	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent sign.	ature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL, SAM 455 FAIRWAY DRIVE, SUITE 194-301 DEERFIELD BEACH, FL 33441			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL; SIMONE 455 FAIRWAY DRIVE, SUITE 461 30   DEERFIELD BEACH, FL 33441				-
title Name Street Address City-St-Zip			DO NO	r write	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	·	•
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this HTDg does not qualify 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 pry 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 of true empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE