
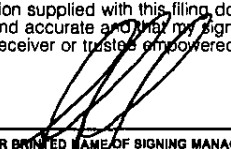


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # M99000000556</b>   |   |           |
| 1. Entity Name<br><b>FAIRWAY EXECUTIVE LLC</b>   |   |  |
| Principal Place of Business<br><b>455 FAIRWAY DRIVE<br/>SUITE 301<br/>DEERFIELD BEACH, FL 33441 US</b>   |   | Mailing Address<br><b>455 FAIRWAY DRIVE<br/>SUITE 301<br/>DEERFIELD BEACH, FL 33441 US</b> |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL, SIMONE<br/>455 FAIRWAY DRIVE<br/>SUITE 301<br/>DEERFIELD BEACH, FL 33441</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SPIEGEL, SAM<br>455 FAIRWAY DRIVE, SUITE 301<br>DEERFIELD BEACH, FL 33441    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SPIEGEL, SIMONE<br>455 FAIRWAY DRIVE, SUITE 301<br>DEERFIELD BEACH, FL 33441 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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. |   |  |
| SIGNATURE:  <b>3/09/2007 954-429-9000</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>   |   |  |



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CR2E083 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>52-2160239</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

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03/21/07-80030-008 50.00

**DO NOT WRITE  
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