

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000556

Entity Name: FAIRWAY EXECUTIVE LLC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

455 FAIRWAY DRIVE  
SUITE 301  
DEERFIELD BEACH, FL 33441 US

## New Principal Place of Business:

## Current Mailing Address:

455 FAIRWAY DRIVE  
SUITE 301  
DEERFIELD BEACH, FL 33441 US

## New Mailing Address:

FEI Number: 52-2160239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL, SIMONE  
455 FAIRWAY DRIVE  
SUITE 301  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

SPIEGEL, SAM  
455 FAIRWAY DRIVE  
SUITE 301  
DEERFIELD BEACH, FL 33441 US

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: SAM SPIEGEL

04/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SPIEGEL, SAM  
Address: 455 FAIRWAY DRIVE, SUITE 301  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR ( ) Delete  
Name: SPIEGEL, SIMONE  
Address: 455 FAIRWAY DRIVE, SUITE 301  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES:

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: SAM SPIEGEL

MGR

04/17/2009

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