2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # M9900000556

1. Entity Name

FAIRWAY EXECUTIVE LLC

Principal Place of Business

10 FAIRWAY DRIVE, SUITE 114



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90229 024 ****50.00

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10 FAIRWAY DRIVE. SUITE 114 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 455 FAIRWAY DRIVE 455 FAIRWAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 101 City & State 4. FEI Number O'EER FIELD BEACH FL PEERFIELD BEACH FL 52-2160239 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL, SIMONE 10 FAIRWAY DRIVE, SUITE 114 Street Address (P.O. Box Number is Not Acceptable)
4.55 FAIRWAY **DEERFIELD BEACH FL 33441** DEERFIELD BEACH 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME SPIEGEL, SAM NAME STREET ADDRESS 10-FAIRWAY DRIVE, SUITE 114 4SS FAIRWAY DRIVE SUITE 101 STREET ADDRESS City-St-ZIP DEERFIELD BEACH FL 33441 DEERFIELD BEACH, FL 33441 CITY-ST-ZIP MGR ☐ Delete TITLE Change NAME ☐ Addition SPIEGEL, SIMONE NAME 455 FAIRWAY DRIVE SUITE 101 STREET ADDRESS 10 FAIRWAY DRIVE, SUITE 114 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FO DEERFIELD BEACH FL 33441 CITY-ST-ZIF TITLE Delete · ---TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fill

does not greatly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information character had have the same legal effect as if made under oath; that I am a managing member or manager of the construction indicated on this report is true and accurate and that limited liability company or the receiver or trustee explanations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING