2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001399

FILED Jan 15, 2005 Secretary of State

Entity Name: FAIRWAY BUSINESS CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1401 79 STREET CAUSEWAY MIAMI, FL 33141 **Current Mailing Address: New Mailing Address:** 1401 79 STREET CAUSEWAY MIAMI, FL 33141 FEI Number: 65-0983769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IDEN, BRUCE F METCALF, ROGER G 2100 PONCE DE LEON BLVD STE 600 1401 79TH STREET CSWY CORAL GABLES, FL 33134 MIAMI, FL 33141 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: ROGER G. METCALF 01/15/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOGGINS, JAMES G Name: Name: 1401 79 STREET CAUSEWAY Address: Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: ANSIN, ANDREW L Name: Address: 1401 79 STREET CAUSEWAY Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: Title: STD () Delete Title: () Change () Addition METCALF, ROGER G Name: Name: 1401 79 STREET CAUSEWAY Address: Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEIDER, ROBERT W Name: 1401 79 STREET CAUSEWAY Address: Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: Title: Title: () Delete () Change () Addition IDEN, BRUCE F Name: Name: 2100 PONCE DE LEON BLVD STE 600 Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER G. METCALF STD 01/15/2005