

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025551

**Entity Name:** FAIRBANKS AVENUE L.L.C.

**Current Principal Place of Business:**

1477 W. FAIRBANKS  
WINTER PARK, FL 32789-7113

**Current Mailing Address:**

121 MAJORCA AVE  
CORAL GABLES, FL 33134

**FEI Number:** 03-0529630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HELSEBY, WAYNE L  
1477 W. FAIRBANKS  
WINTER PARK, FL 32789-7113 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HELSEBY, WAYNE L  
Address 1477 W. FAIRBANKS  
City-State-Zip: WINTER PARK FL 32789-7113

Title MGRM  
Name NORTON, ROBERT L  
Address 121 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NORTON, SUSAN POTTER  
Address 121 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name LEVITT, MARK E  
Address 1477 W. F AIRBANKS AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name SAMPO, PETER  
Address 121 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name LARKIN, ROBERT EIII  
Address 906 N MONRIE ST.  
City-State-Zip: TALLAHASSEE FL 32303

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT L. NORTON

**MGRM**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date