



**State of California
Secretary of State**

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**STATEMENT OF INFORMATION
(Limited Liability Company)**

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Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

FAIRVIEW GROUP, LLC
200803010017

FILED
In the office of the Secretary of State
of the State of California

JUL 23 2009

for

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER
200803010017

3. STATE OR PLACE OF ORGANIZATION
CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
4401 WILSHIRE BLVD LOS ANGELES, CA 90010

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE
4401 WILSHIRE BLVD LOS ANGELES CA 90010

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME ADDRESS CITY AND STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME ADDRESS CITY AND STATE ZIP CODE
DAVID MCKENZIE 4401 WILSHIRE BLVD LOS ANGELES, CA 90010

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

MURRAY DRECHLER

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
4401 WILSHIRE BLVD. LOS ANGELES CA 90010

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

INVESTMENT BUSINESS

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

ALAN MILLER
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Alan Miller
SIGNATURE

AGENT TITLE 7/22/2009 DATE