## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000140536

Entity Name: ALTMAN FAIRWAY MANAGER, LLC

#### **Current Principal Place of Business:**

1515 S FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432

## **Current Mailing Address:**

1515 S FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432 US

## FEI Number: 46-3817515

## Name and Address of Current Registered Agent:

BCRA,LLC LYNN FINANCIAL CENTER 1905 NW CORPORATE BLVD SUITE 310 BOCA RATON, FL 33431 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

# Authorized Person(s) Detail :

Title	MANAGER	Title	CHAIRMAN
Name	APARTMENT DEVELOPMENT GP, LLC	Name	ALTMAN , JOEL L
Address	1515 S FEDERAL HIGHWAY, SUITE 300	Address	1515 S FEDERAL HIGHWAY SUITE 300
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432
Title	PRESIDENT	Title	CFO
Name	ROBERTS, JEFFREY A	Name	PETERSON, TIMOTHY A
Address	1515 S FEDERAL HIGHWAY SUITE 300	Address	1515 S FEDERAL HIGHWAY SUITE 300
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432
Title	VP		
Name	FRY, SUSAN		
Address	1515 S FEDERAL HIGHWAY		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name	TitleMANAGERNameAPARTMENT DEVELOPMENT GP, LLCAddress1515 S FEDERAL HIGHWAY, SUITE 300City-State-Zip:BOCA RATON FL 33432TitlePRESIDENTNameROBERTS, JEFFREY AAddress1515 S FEDERAL HIGHWAY SUITE 300City-State-Zip:BOCA RATON FL 33432TitleVPNameFRY, SUSAN	NameAPARTMENT DEVELOPMENT GP, LLCNameAddress1515 S FEDERAL HIGHWAY, SUITE 300AddressCity-State-Zip:BOCA RATON FL 33432City-State-Zip:TitlePRESIDENTTitleNameROBERTS, JEFFREY ANameAddress1515 S FEDERAL HIGHWAY SUITE 300AddressCity-State-Zip:BOCA RATON FL 33432City-State-Zip:TitleNOBERTS, JEFFREY ANameAddress1515 S FEDERAL HIGHWAY SUITE 300AddressCity-State-Zip:BOCA RATON FL 33432City-State-Zip:TitleVPVPNameFRY, SUSAN

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.

CFO

## SIGNATURE: TIMOTHY PETERSON

SUITE 300 City-State-Zip: BOCA RATON FL 33432

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 24, 2022 Secretary of State 7160452631CC

Certificate of Status Desired: No

Date

02/24/2022