

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000140536

**Entity Name:** ALTMAN FAIRWAY MANAGER, LLC

**Current Principal Place of Business:**

201 E. LAS OLAS BLVD  
SUITE 1900  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

201 E. LAS OLAS BLVD  
SUITE 1900  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 46-3817515

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           APARTMENT DEVELOPMENT GP, LLC  
Address        201 E. LAS OLAS BLVD  
                  SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           CHAIRMAN  
Name           ALTMAN , JOEL L  
Address        201 E. LAS OLAS BLVD  
                  SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           PRESIDENT  
Name           ROBERTS, JEFFREY A  
Address        201 E. LAS OLAS BLVD  
                  SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           CFO  
Name           PETERSON, TIMOTHY A  
Address        201 E. LAS OLAS BLVD  
                  SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** TIMOTHY A. PETERSON

**CFO**

**04/20/2023**

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

\_\_\_\_\_  
Date