

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016137

FILED
May 11, 2007
Secretary of State

Entity Name: FAIRWAYS OF LAKE WORTH, L.L.C.

Current Principal Place of Business:

1800 CENTRAL BLVD.
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1800 CENTRAL BLVD.
JUPITER, FL 33458

New Mailing Address:

FEI Number: 36-4501234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRASULA, SHERRY
1800 CENTRAL BLVD.
JUPITER, FL 33458 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, LAMAR K
Address: 1800 CENTRAL BLVD.
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: SMITH, MICHAEL
Address: 1800 CENTRAL BLVD.
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: KRASULA, SHERRY
Address: 1800 CENTRAL BLVD.
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LAMAR K SMITH

MGRM

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date