


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 06, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # L02000023479</b> 1. Entity Name <b>FAIRWAY LAKES KEY LARGO, LLC</b>					
Principal Place of Business <b>5 SUNSET CAY ROAD KEY LARGO FL 33037 US</b>			Mailing Address <b>5 SUNSET CAY ROAD KEY LARGO FL 33037 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-8428523</b> <div style="float: right; text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LYNN, SANDRA T ESQ. 830 N. KROME AVENUE HOMESTEAD FL 33030</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PEEL, WILLIAM F JR. 5 SUNSET CAY ROAD KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			U000000078931 03/09/04-80046-001 50.00		
SIGNATURE: <b>William F. PEEL, JR</b>			2/27/04 305 367-1037		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					