

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90078 036 \*\*\*\*50.00

**DOCUMENT # L02000027686**



1. Entity Name  
**FAIRWAY DEVELOPMENT MYAKKA, L.L.C.**

Principal Place of Business  
**C/O ICARD, MERRILL, CULLIS, ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237**

Mailing Address  
**C/O ICARD, MERRILL, CULLIS, ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237**

**24061115**



2. Principal Place of Business

3. Mailing Address

04242004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.  
**1474 TRUNE WAY**  
City & State  
**VENICE FL**  
Zip  
**34292**

Suite, Apt. #, etc.  
**1474 TRUNE WAY**  
City & State  
**VENICE, FL**  
Zip  
**34292**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPNICK, BRUCE P ESQ.  
C/O ICARD, MERRILL, CULLIS, ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FAIRWAY DEVELOPMENT GROUP, INC.  
1474 TRUNE WAY  
VENICE, FL 34292**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/24/04**