

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 015 ****50.00

DOCUMENT # L02000027686	
1. Entity Name FAIRWAY DEVELOPMENT MYAKKA, L.L.C.	



Principal Place of Business C/O ICARD, MERRILL, CULLIS, ET AL 1474 TRUNE WAY VENICE, FL 34292	Mailing Address C/O ICARD, MERRILL, CULLIS, ET AL 1474 TRUNE WAY VENICE, FL 34292
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2. Principal Place of Business 740 COMMENCE DR Suite, Apt. #, etc. 12		3. Mailing Address 740 COMMENCE DR Suite, Apt. #, etc. 12	
City & State VENICE FL		City & State VENICE FL	
Zip 34292	Country	Zip 34292	Country



04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. C/O ICARD, MERRILL, CULLIS, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent 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 ROBERT C. MOREY DATE 4/28/05

(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIRWAY DEVELOPMENT GROUP, INC. 1474 TRUNE WAY VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 COMMENCE DR VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ROBERT C. MOREY DATE 4/28/05 DAYTIME PHONE # 941.488.9514

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