


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000006062</b> 1. Entity Name FAIRWAY CROSSING APARTMENTS, LLC		
Principal Place of Business 3890 GREENWAY DRIVE SARASOTA, FL 34232	Mailing Address 3890 GREENWAY DRIVE SARASOTA, FL 34232	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HEIDEN, CHARLES E 3890 GREENWAY DRIVE SARASOTA, FL 34232		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEIDEN, CHARLES E 3890 GREENWAY DRIVE SARASOTA, FL 34232	<b>DO NOT WRITE IN THIS SPACE</b>
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 exemptions contained in Chapter 119, 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: <u>Beverly D. Ward</u> <u>Beverly D. WARD</u> 1-17-06 941-371-4578 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
82-0587227

Applied For  
Not Applicable

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

01/25/06 80015-U21 50.00