

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000011698**

1. Entity Name  
**THE FAIRWAYS AT PONTE VEDRA, LLC**



Principal Place of Business

**100 ATLANTA TECHNOLOGY CENTER, SUITE 200  
1575 NORTHSIDE DRIVE, NW  
ATLANTA, GA 30316**

Mailing Address

**100 ATLANTA TECHNOLOGY CENTER, SUITE 200  
1575 NORTHSIDE DRIVE, NW  
ATLANTA, GA 30316**



08202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2579080**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROOME, STEPHEN D  
814 A1A NORTH, SUITE 305  
PONTE VEDRA, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JLC SUNCOAST REALTY II, LLC  
1575 NORTHSIDE DRIVE, NW. 100 ATC, STE 200  
ATLANTA, GA 30316**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U000000772948  
08/29/07-80001-012 50.00

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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:**

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

Date

Daytime Phone #