

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000095002**

1. Entity Name  
**FAIRVIEW SHORES DEVELOPMENT, LLC**



Principal Place of Business

**2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779**

Mailing Address

**2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779**



07042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**61-1493798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VARMA, BOBBY  
2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779**

**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	MGRM
NAME	VARMA, BOBBY
STREET ADDRESS	2104 BLUE IRIS PLACE
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	HAYTER, KEITH
STREET ADDRESS	501 BLUFF OAK COURT
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	MGRM
NAME	MURRAY, TIMOTHY
STREET ADDRESS	3220 DEER CHASE RUN
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	BERCINI, RICHARD
STREET ADDRESS	124 SEVILLE CHASE DRIVE
CITY - ST - ZIP	WINTER SPRINGS, FL 32708

U000000763013  
07/16/07-80010-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 #