

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED ✓
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022221

1. Entity Name
CONWAY LAND GROUP, LLC



Principal Place of Business

**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134 US**

Mailing Address

**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134 US**



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1706766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FERTIG, JAY C
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
OVERSTREET, THOMAS H JR.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000924551
05/19/08-80006-002 138.75

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IN THIS SPACE**

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 #

Christopher J. Macnair 4/25/08 (305) 445-6161