

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000532**

1. Entity Name  
**FAIRWAY DEVELOPERS, L.C.**



Principal Place of Business  
**2636 MELLOW LANE  
SEBRING, FL 33870**

Mailing Address  
**2636 MELLOW LANE  
SEBRING, FL 33870**



01162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0665208**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HANDLEY, WILLIAM R  
2636 MELLOW LANE  
SEBRING, FL 33870**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

100000216810  
02/05/05-80064-010 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDLEY, WILLIAM R 2636 MELLOW LANE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDLEY, PATRICIA W 2636 MELLOW LANE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHL, JAMES W 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHL, JERI B 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:** *William R. Handley* **WILLIAM R. HANDLEY** 01/31/05 863-385-2732

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

Date

Daytime Phone #