## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L96000000532

1. Entity Name FAIRWAY DEVELOPERS, L.C.

FILED Mar 31, 2006 08:00 AM Secretary of State

Principal Place of Business

2636 MELLOW LANE SEBRING, FL 33870 Mailing Address

2636 MELLOW LANE SEBRING, FL 33870



03182006 No Chg-LLC

CR2E083 (11/05)

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

		<b>!</b>		
<ol> <li>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</li> </ol>				
SIGNATURE				
Signature, typed or printed mene of registered agent and title if epplicable		(NOTE: Registered Agent signature required when reinstating)	DAYE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		<del></del>	
TITLE	MGRM			
HAME	HANDLEY, WILLIAM R	i	##/13/UU-81995 ##/13/UU-81995 55.00	
STREET ADDRESS	2638 MELLOW LANE			
CITY-ST-ZIP	SEBRING, FL 33870	<b>√</b>		
tirut	MGRM -			
NAME	HANDLEY, PATRICIA W	1		
STREET ADDRESS	2636 MELLOW LANE			
CITY-ST-ZP	SEBRING, FL 33870			
mile	D			
NAME	WOHL, JAMES W			
STREET ADDRESS	1800 STATE ROAD 17 SOUTH	1		
C1TY-S7-DP	AVON PARK, FL 33825	լ ՄՕ	DO NOT WRITE	
TIFLE	D			
MAME	WOHL, JERI B	[ 1N	IN THIS SPACE	

11. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. It 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR FINITED NAME OF STONING MANAGING MEMBER, OR SYTHORIZED REPRESENTATIVE

1800 STATE ROAD 17 SOUTH

AVON PARK, FL 33825

STREET ADDRESS

CHY-ST-ZIP
TITLE
HAME
STRICET ADDRESS
CHY-ST-ZIP

NAME STREET ABORESS

3/20/06

Daytime Phuse #