

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
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



03062007No Chg-LLC

CR2E083 (11/05)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000669801
03/27/07-80087-002 55.00

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
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 #