


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L96000000532 1. Entity Name FAIRWAY DEVELOPERS, L.C.	
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Principal Place of Business 2636 MELLOW LANE SEBRING, FL 33870	Mailing Address 2636 MELLOW LANE SEBRING, FL 33870
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02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0665208	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**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	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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04/03/08-80029-023 143.75

**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

2/26/08 (863) 385-2732
Date Daytime Phone #