

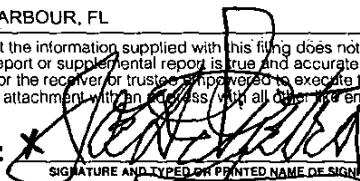


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90134 011 \*\*\*150.00

DOCUMENT # 737761						
1. Entity Name FAIRFIELD MANOR ASSOCIATES, INC.						
Principal Place of Business 9800 COLLINS AVENUE BAL HARBOUR, FL 33154		Mailing Address 9800 COLLINS AVENUE BAL HARBOUR, FL 33154		<p style="text-align: center; font-size: 24px;"><b>54053490</b></p> 		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04252004	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-1709096				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DIPIETRO, JOE 9800 COLLINS AVENUE BAL HARBOUR, FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	MCGARRAH, FRED	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9800 COLLINS AVE		NAME	Valois Denise	
STREET ADDRESS		BAL HARBOUR, FL		STREET ADDRESS	9800 Collins Avenue, Bal Harbour, Fl	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	PD	DIPIETRO, JOE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9800 COLLINS AVENUE		NAME		
STREET ADDRESS		BAL HARBOUR, FL		STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	VPD	ROY, JOHN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9800 COLLINS AVE		NAME		
STREET ADDRESS		BAL HARBOUR, FL		STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	S	SACHER, CHARLES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2655 LEJEUNE RD.		NAME		
STREET ADDRESS		CORAL GABLES, FL		STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	TD	HELLER, DAVID	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		300 71 <sup>ST.</sup> , #301		NAME		
STREET ADDRESS		MIAMI BEACH, FL		STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D	THISSEN, MARIAN	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9800 COLLINS AVENUE		NAME	Greenberg Shirley	
STREET ADDRESS		BAL HARBOUR, FL		STREET ADDRESS	9800 Collins Avenue	
CITY-ST-ZIP				CITY-ST-ZIP	Bal Harbour, Fl.	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered.						
SIGNATURE: * 				Date: 4/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		