

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 FEB 12 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997  
A93000000511  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  
1a. DOCUMENT #  
A93000000511  
FAIRWAY VIEW APARTMENTS, LTD.

Mailing Address  
1500 N.W. 49th ST.  
5th FLOOR  
FT LAUDERDALE, FL  
33309  
Principal Office Address  
SAME  
2. Mailing Address  
2a. Principal Office Address  
Suite, Apt. #, etc.  
Suite, Apt. #, etc.  
City & State  
City & State  
Zip Country  
Zip Country

3. Date Formed or Registered  
05/13/1993  
3a. Date of Last Report  
1995  
4. State or Country of Formation  
FL  
5a. Capital Contributions as Shown on record.  
\$4,375,000  
5b. Amount of Capital Contributions in FLORIDA to date:  
\$4,375,000  
6. FEI Number  
65-0485992  
7. Certificate of Status Desired  
\$8.75 Additional Fee Required  
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
BOYLE, CONRAD J. ESQ.  
SUITE 1950, 500 E. BROWARD BLVD.  
FT LAUDERDALE, FL. 33394

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL  
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes  
SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)  
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  
11b. City, State & Zip Code  
11c. Registration/Document Number  
1 KEENAN FAIRWAY GROUP INC.  
1500 N.W. 49th ST.  
5th FLOOR  
FT LAUD, FL  
33309  
P9400002405  
600002087946--0  
-02/14/97--01054--004  
\*\*\*\*576.25 \*\*\*\*576.25  
dec 576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  
SIGNATURE KEENAN FAIRWAY GROUP INC.  
13 SEC. TREAS. DATE DEC 12/96  
Typed or Printed Name of General Partner Signing Form DAYE CHYNOWETH Daytime Telephone Number

CR2E003 (6/96)