## FILE NOW: Fee after May 1, will be \$588.75

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham - ANNUAL REPORT Secretary of State 97 FEB 17 AM 8: 27 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #1,93000000068 1a. Principal Place of Business Address FAIRVIEW, L.C. % ARNOLD LICHTSCHEIN ARNOLD LICHTSCHEIN 1205 LINCOLN RD #216 1205 LINCOLN RD #216 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 If above mailing address is incorrect in any way, line through Incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 03/16/1993 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0403642 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country ओ 75 Additional Fee Required D2/12/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name FÉIG, MARC I 8000 PETERS RD Street Address (P.O. Box Number is Not Acceptable) ND FL PLANTATION FL 33324 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code LICHTSCHEIN, ARNOLD 1205 LINCOLN RD #216 MIAMI BEACH FL NATAL INVESTMENTS CO, 1205 LINCOLN RD #216 MIAMI BEACH FL 400002092304---02/19/97--01085--008 \*\*\*\*203.75 \*\*\*\*203.75 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: THE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER INHSE10 R(12-96)