


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  <b>97 AUG 26 AM 8:44</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>													
<b>FILING FEE</b> <b>\$ 588.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>															
1. Name and Mailing Address of Limited Liability Company  <b>FAIRWIND AVV, L.C.</b> <b>% SCHERTZ REALTY, INC.</b> <b>92 WASHINGTON AVENUE</b> <b>CEDARHURST NY 11516</b>		<b>DOCUMENT #</b> L93000000199  1a. Principal Place of Business Address  <b>6350 NW FIFTH WAY</b> <b>FT LAUDERDALE FL</b>															
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.																	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>06/22/1993</b>  4. FEI Number <b>65-0457763</b>  5. Date of Last Report <b>12/27/1996</b>													
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>888882280088--4</b> Suite, Apt. #, etc. <b>-08/28/97--01102--001</b> <b>****588.75 ****585.00</b> City <b>FL</b>															
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 35%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>SCHERTZ, HAROLD M</td> <td>92 WASHINGTON AVENUE</td> <td>CEDARHURST NY</td> </tr> <tr> <td>MGR</td> <td>GLEICHER, WARREN R</td> <td>110 E 59TH STREET</td> <td>NEW YORK NY</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	SCHERTZ, HAROLD M	92 WASHINGTON AVENUE	CEDARHURST NY	MGR	GLEICHER, WARREN R	110 E 59TH STREET	NEW YORK NY
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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:**

*[Handwritten Signature]*

8/27/97

065895959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #