


**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUL 27 AM 8:33

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>FAIRWIND AVV, L.C. % SCHERTZ REALTY, INC. 92 WASHINGTON AVENUE CEDARHURST NY 11516</b>	<b>DOCUMENT #</b> L93000000199
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1a. Principal Place of Business Address  6350 NW FIFTH WAY FT LAUDERDALE FL
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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3. Date Organized or Qualified 06/22/1993	3a. State of Formation FL
4. FEI Number 65-0457763	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 08/26/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code 11516
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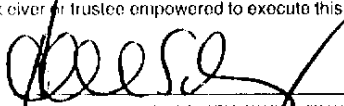
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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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-07/29/98--01060--012  
\*\*\*\*588.75 \*\*\*\*588.75

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:  7/16/98 516 589-598  
Date Daytime Phone #