File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR - 1 AM 10: 36 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 193000000199**  Name and Mailing Address
of Limited Liability Company 1a. Principal Place of Business Address FAIRWIND AVV, L.C. % SCHERTZ REALTY, INC. 6350 NW FIFTH WAY 92 WASHINGTON AVENUE FT LAUDERDALE FL CEDARHURST NY 11516 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/22/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0457763 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 07/27/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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 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 \_ (Registered Agest Accepting Applietiment) (NFTE Begistered Agent signature registed when result tricqu 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SCHERTZ, HAROLDM 92 WASHINGTON AVENUE CEDARHURST NY MGR GLEICHER, WARREN R 110 E 59TH STREET NEW YORK NY 5,0000078017775--03/11/99--01008--018 \*\*\*\*189.75 \*\*\*\*189.75 11. For 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 samp legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to effect this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

TO MEMBERS OF MALA TOR

SIGNATURE:

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