2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000199

1. Entity Name

FAIRWIND AVV, L.C.

Principal Place of Business	· Mailing Address
6350 NW FIFTH WAY FT LAUDERDALE FL	% SCHERTZ REALTY, INC. 92 WASHINGTON AVENUE CEDARHURST NY 11516-1909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address %o SRI, LLC	
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 172	
City & State	City & State LAWRENCE, N.Y	**4. FEI Number** 65-0457763 — Applied For / Not Applicable
Zip	Country	Zip 11559	Country USA	**5. Certificate of Status Desired** ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGR **NAME** SCHERTZ, HAROLDM **STREET ADDRESS** 92 WASHINGTON AVENUE **CITY-ST-ZIP** CEDARHURST NY 11516	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition 30000311924-3—3 -02/01/00--01122--010 *****50.00 *****50.00
TITLE MGR **NAME** GLEICHER, WARREN R **STREET ADDRESS** 110 E 59TH STREET **CITY-ST-ZIP** NEW YORK NY 10022	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: _____   1/7/00   516-569-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #