

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000199

FILED
Jan 08, 2004
Secretary of State

Entity Name: FAIRWIND AVV, L.C.

Current Principal Place of Business:

6360 NW FIFTH WAY
FT LAUDERDALE, FL

New Principal Place of Business:

Current Mailing Address:

% SRI, LLC
P.O. BOX 172
LAWRENCE, NY 11559

New Mailing Address:

FEI Number: 65-0457763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHERTZ, HAROLD
Address: P.O. BOX 172
City-St-Zip: LAWRENCE, NY 11559

Title: MGR () Delete
Name: GLEICHER, WARREN R
Address: 505 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GLEICHER, WARREN R
Address: 65 EAST 55TH STREET
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HAROLD SCHERTZ

MR.

01/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date