
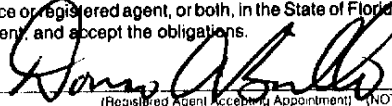



**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #195000000282</b>  FOREST VIEW INVESTORS, LLC <del>2637 MCCORMICK DR.</del> <del>CLEARWATER FL 34619-1041</del>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <b>2 Pond's Edge Drive</b> Suite, Apt. #, etc.		2a. Mailing Address <b>P.O. Box 999</b> Suite, Apt. #, etc.	
City & State <b>Chadds Ford, PA</b> Zip Country <b>19317 USA</b>		City & State <b>Chadds Ford, PA</b> Zip Country <b>19317 USA</b>	
7. Name and Address of Current Registered Agent  <del>GAYNOR, JOSEPH W</del> <del>2637 MCCORMICK DR.</del> <del>CLEARWATER FL 34619</del>		8. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> Suite, Apt. #, etc. City <b>Plantation</b> FL Zip Code <b>33324</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  <b>DOMENIC A. BORRIELLO</b> Assistant Vice President DATE <b>APR 14 1997</b> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FAIRVIEW CORPORATION,	<del>RTS. 1 &amp; 202, CHADDS FORD</del> <b>2 Pond's Edge Drive</b>	CHADDS FORD PA <b>19317</b>
MGRM	PARKEMORE CORPORATIO,	<del>RTS. 1 &amp; 202, CHADDS FORD</del> <b>2 Pond's Edge Drive</b>	CHADDS FORD PA <b>19317</b>
			<b>400002143924--1</b> -04/15/97--01071--018 ****203.75 ****203.75
			<b>400002143924--1</b> -04/15/97--01071--021 ****166.25 *****8.75
			<b>A. Alan 4/15/97</b>
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:  <b>Bruce E. Moore</b> 4-10-97 610-388-9600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			