


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37179 (9)
1. Corporation Name
FAIRVIEW VILLAS PARTNERS, INC.



Principal Place of Business
2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

Mailing Address
2355 WAUKEGAN ROAD
SUITE 200A
BANNOCKBURN IL 60015
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1992		3a. Date of Last Report 04/24/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 36-3728553		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, THOMAS E.	1.2 NAME	
STREET ADDRESS	2355 WAUKEGAN RD, STE A200	1.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLE, JERRY M	2.2 NAME	General Counsel, Managing Director and Secretary
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	2.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	2.4 CITY-ST-ZIP	
TITLE	CFOT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, BRIAN D	3.2 NAME	CFD, Managing Director
STREET ADDRESS	2355 WAUKEGAN RD., STE A200	3.3 STREET ADDRESS	Kosik, Jayne A.
CITY-ST-ZIP	BANNOCKBURN IL	3.4 CITY-ST-ZIP	2355 Waukegan Rd, Suite A200
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, ALAN G	4.2 NAME	
STREET ADDRESS	2355 WAUKEGAN RD. STE A200	4.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL 60015	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JOHN K JR	5.2 NAME	
STREET ADDRESS	2355 WAUKEGAN RD. STE A200	5.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL 60015	5.4 CITY-ST-ZIP	
TITLE	SV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, ALEXANDER J.	6.2 NAME	
STREET ADDRESS	2355 WAUKEGAN RD., STE A200	6.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	6.4 CITY-ST-ZIP	

14. 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

8/7/97 847-317-4380

CR2E034 (4/97)