

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
--	---	---

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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 36-3728553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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 <i>General Counsel, Managing Director and Secretary</i>
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 <i>CFO, Managing Director</i>
STREET ADDRESS	2355 WAUKEGAN RD., STE A200	3.3 STREET ADDRESS <i>Kosik, Jayne A.</i>
CITY-ST-ZIP	BANNOCKBURN IL	3.4 CITY-ST-ZIP <i>2355 Waukegan Rd, Suite A200</i>
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** **647-317-4380**

CR2E034 (4/97)