2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90043 014 ****50.00

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1. Entity Name
GREENWAY ASIA LLC

Principal Place of Business	Mailing Address
9001 E. COLONIAL DR. ORLANDO, FL 32817	9001 E. COLONIAL DR. ORLANDO, FL 32817

20050537

01042005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0395629
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER P.A.
50 N. LAURA ST., STE. 2200
JACKSONVILLE, FL 32202

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	C
NAME	RODRIGUEZ, FRANK J
STREET ADDRESS	9001 E COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	P
NAME	ATKINSON, CARL
STREET ADDRESS	9001 E COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP
NAME	HUANG, YAMAO
STREET ADDRESS	104 S MUYN RD
CITY-ST-ZIP	ANTING, TIADING SHANHAI, 201805
TITLE	T
NAME	ALDEN, EDWARD M
STREET ADDRESS	9001 E COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Edward M. Alden 407-275-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #