

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L03000042047

1. Entity Name
GREENWAY ASIA LLC



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

Mailing Address
9001 E. COLONIAL DR.
ORLANDO, FL 32817



01052007 No Chg-LLC

CR2E083 (11/05)

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/07

407 2753200