

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043973

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: SOUTHWAY MANAGEMENT, LLC

**Current Principal Place of Business:**

2495 US HIGHWAY ONE  
LAWRENCEVILLE, NJ 08648

**New Principal Place of Business:**

**Current Mailing Address:**

2495 US HIGHWAY ONE  
LAWRENCEVILLE, NJ 08648

**New Mailing Address:**

FEI Number: 20-4138160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARONOVITZ, ALFRED  
11151 SW 93RD AVE  
MIAMI, FL 331763636 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PLAPINGER, SCOTT  
Address: 2495 US HIGHWAY ONE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: MGRM ( ) Delete  
Name: PLAPINGER, BRUCE  
Address: 560 PEOPLES PLAZA, PMB 142  
City-St-Zip: NEWARK, DE 19702

Title: MGRM ( ) Delete  
Name: PLATT, LAWRENCE  
Address: 265 FREEMAN PKWY  
City-St-Zip: PROVIDENCE, RI 02906

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT PLAPINGER

MGRM

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date