


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075164 1. Entity Name AIRPLAY AMERICA, LLC	
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Principal Place of Business 6103 C DURHAM DRIVE LAKE WORTH, FL 33467 US	Mailing Address 6103 C DURHAM DRIVE LAKE WORTH, FL 33467 US
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1387843	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTAGINE, ROBERT J 6103 C DURHAM DRIVE LAKE WORTH, FL 33467

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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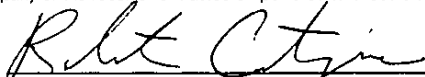
**Filing Fee Is \$50.00
Due by May 1, 2007**

U000000619452
02/08/07-80073-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RATNER, NORMAN B 917 BUCIDA ROAD, #4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTAGINE, ROBERT J 6103 C DURHAM DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTANDREA, STEVEN 301 EAST 47TH STREET, #2P NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/30/07 <small>Date</small>	 <small>Daytime Phone #</small>
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