

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002500

FILED
Jan 14, 2008
Secretary of State

Entity Name: AWE MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

605 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

605 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-1216004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, ALBERT J ESQ
605 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139 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: ANGEL, ALBERT J
Address: 605 LINCOLN ROAD, SUITE 220
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: WEINER, GARY A
Address: 605 LINCOLN ROAD, SUITE 220
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: EISENBERG, LANCE
Address: 605 LINCOLN ROAD, SUITE 220
City-St-Zip: MIAMI BEACH, FL 33139 US

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 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: GARY A WEINER

MGRM

01/14/2008

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