2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L05000043969

Entity Name: NORTHWAY 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: **FEI Number Applied For (X)** **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 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 04/21/2009

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