## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # L95000000749



FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90027 009 \*\*\*\*50.00

1. Entity Nam PECONIC	O AVIATIO	ON, L.C.				04-27-2003	90027 00	9 **** 30.0	O
Principal Place of Business Mailing Address 5070 NORTH HIGHWAY A1A C/O RELATED PROPERTIES STE 223D 2 MANHATTANVILLE ROAD VERO BEACH, FL 32963 PURCHASE, NY 10577						1:88:1811 819 (818) 8171 82111 82111	BAUL BAUL BAUL	86      188   6   <b>1</b>	<b>18</b> 1   4   1 <b>18</b> (
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02162005 Chg-LLC	CR2E	E083 (10/03)		
City & State		City & State			4. FEI Number 65-0619019			plied For t Applicable	
Zip	Country		Zip 	Country		5. Certificate of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current R						7. Name and Address of New Registered Agent			
CHWED!	N MADD	ENI			Name				
SCHWERIN, WARREN L 5070 NORTH HIGHWAY A1A STE 223D ·					Street Address (P.O. Box Number is Not Acceptable)				
VERO BEA	ACH, FL 3	32963							
					City		F	L Zip Code	•
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature tread	or printed name of registered agent an	d Nie if applicable (NOT	2. Bogistos	d Agent signature require	duba circulate	DATE		
	Signature, typeu	or printed name or registered agont an	а ше паррисави. — (ноте	: nogisiore	a Agent signature require	o wien (einstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2005								payable to ment of State	•
9. MANAGING MEMBERS/MANAGERS 10						ADDITION	S/CHANGE	S	
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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 eath; 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: WHO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE