


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 20, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L98000002613**  
1. Entity Name  
**MAXWELL MONROE AIR, L.L.C.**



Principal Place of Business <b>10400 S.W. 122ND STREET MIAMI, FL 33176</b>	Mailing Address <b>10400 S.W. 122ND STREET MIAMI, FL 33176</b>
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**DO NOT WRITE IN THIS SPACE**



07122005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0879207</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FROST, IRWIN M  
1111 BRICKELL AVE  
SUITE 2050  
MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M GETZ, SAMUEL 5420 S.W. 95TH TERRACE CORAL GABLES, FL 33156</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M FROST, IRWIN M 10400 S.W. 122ND STREET MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M GARDNER, LAURENCE 1747 ESPANOLA DRIVE COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/20/05-80001-010 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **7/14/05** **305 374 3001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #