

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
10400 S.W. 122ND STREET
MIAMI, FL 33176

Mailing Address
10400 S.W. 122ND STREET
MIAMI, FL 33176



07122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0879207 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M GETZ, SAMUEL 5420 S.W. 95TH TERRACE CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M FROST, IRWIN M 10400 S.W. 122ND STREET MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M GARDNER, LAURENCE 1747 ESPANOLA DRIVE COCONUT GROVE, FL 33133 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 07/20/05-80001-010 50.00

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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 #