


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 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



07102007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0879207 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ 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 14, 2007**


9. MANAGING MEMBERS/MANAGERS

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

U00000768595  
 07/13/07-80004-004 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/10/07 (305) 374-3001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #