


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90013 024 ***138.75

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
---	---

60037877



02072008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GETZ, SAMUEL 5420 S.W. 96TH 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	

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4/16/08 305 374 3001