

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002613

FILED
Jun 24, 2009
Secretary of State

Entity Name: MAXWELL MONROE AIR, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0879207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FROST, IRWIN M
1111 BRICKELL AVE
SUITE 2050
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: FROST, IRWIN M
Address: 10400 S.W. 122ND STREET
City-St-Zip: MIAMI, FL 33176

Title: M () Delete
Name: GARDNER, LAURENCE
Address: 1747 ESPANOLA DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FROST, IRWIN M
Address: 10400 S.W. 122ND STREET
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Change () Addition
Name: GARDNER, LAURENCE
Address: 1747 ESPANOLA DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IRWIN M FROST

MGR

06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date