

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90056 050 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M03000001292**

1. Entity Name  
**AIRWAYS CENTRE REALTY CO. LLC**



**14025451**

Principal Place of Business  
**C/O THE WINTER ORGANIZATION  
730 FIFTH AVE.  
NEW YORK, NY 10022**

Mailing Address  
**C/O THE WINTER ORGANIZATION  
730 FIFTH AVE.  
NEW YORK, NY 10022**



2. Principal Place of Business c/o The  
**Winter Organization**

3. Mailing Address c/o The Winter  
**Organization**

Suite, Apt. #, etc.  
**730 Fifth Avenue**

Suite, Apt. #, etc.  
**730 Fifth Avenue**

City & State  
**New York, NY**

City & State  
**New York, NY**

07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**13-3512876**

Applied For  
**Not Applicable**

Zip  
**10019**

Country  
**USA**

Zip  
**10019**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MERRITT, RALPH  
C/O COMMERCIAL PROPERTY GROUP, INC.  
9501 NW 13TH TERR  
MIAMI, FL 33172**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINTER, JAMES L  
%THE WINTER ORGANIZATION, 730 FIFTH AVE  
NEW YORK, NY 10022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINTER, BENJAMIN J  
%THE WINTER ORGANIZATION, 730 FIFTH AVE  
NEW YORK, NY 10022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINTER, JAMES L.  
c/o THE WINTER ORGANIZATION, 730 FIFTH AVENUE  
NEW YORK, NEW YORK 10019** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINTER, BENJAMIN J.  
c/o THE WINTER ORGANIZATION, 730 FIFTH AVENUE  
NEW YORK, NEW YORK 10019** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JAMES L. WINTER, MANAGER**

**7/6/04 (212) 935-5252**