## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001292

1, Entity Name

AIRWAYS CENTRE REALTY CO. LLC



Principal Place of Business

C/O THE WINTER ORGANIZATION

730 FIFTH AVE.

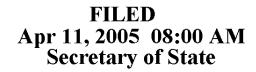
NEW YORK, NY 10019

Mailing Address

C/O THE WINTER ORGANIZATION

730 FIFTH AVE.

NEW YORK, NY 10019





## DO NOT WRITE IN THIS SPACE

03272005No Chg-LLC

CR2E083 (10/03)

FEI Number
 13-3512876

Applied For Not Applicable

ė.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

雅 电流

MERRITT, RALPH C/O COMMERCIAL PROPERTY GROUP, INC.

9501 NW 13TH TERR MIAMI, FL 33172 DO NOT WRITE IN THIS SPACE

3. 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 harne of registered agent and tibe if applicable.

(NOTE Registered Agent signature required when reinstaling)

AT DATE

Filing Fee is \$50.00 Due by May 1, 2005 - 000000299614 04/11/05-80113-023 50.00

9.	MANAGING MEMBERS/MANAGERS	ASSESSED TO THE PROPERTY OF THE PERSON OF TH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTER, JAMES L %THE WINTER ORGANIZATION, 730 FIFTH AVE NEW YORK, NY 10019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTER, BENJAMIN J %THE WINTER ORGANIZATION, 730 FIFTH AVE NEW YORK, NY 10019	The second secon	
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11. I hereby certify that the information supplied with this fifting 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 trustge 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

Dote

Daytime Phone #