

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

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**



04042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3512876

Applied For
Not Applicable

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**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000515061
04/29/06-80196-005 50.00

9. MANAGING MEMBERS/MANAGERS

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 #