

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001292

1. Entity Name
AIRWAYS CENTRE REALTY CO. LLC



FILED Apr 09, 2007 08:00 A Secretary of State

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



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03232007 No Chg-LLC

CR2E083 (11/05)

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

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the obligati	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered	d agent, or both, in the St	ate of Florida. I ar	n familiar with, and acc	cept
SIGNATURE_	· · · · · · · · · · · · · · · · · · ·					
ir	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required wi	hen reinstating)	DATE	1 1 1 1 1 1 1 2 2 3 1	,
FI FI Di	iling Fee is \$50.00 ue by May 1, 2007	••		· · ·		
9.	MANAGING MEMBERS/MANAGERS				···	
TITLE	MGR					
NAME	WINTER, JAMES L					
STREET ADDRESS	%THE WINTER ORGANIZATION, 730 FIFTH AVE					
CITY-ST-ZIP	NEW YORK, NY 10019		(J	QQQQQ69412	36	

U00000694126 04/17/07-80004-017 50.00

MGR TITLE WINTER, BENJAMIN J NAME. STREET ADDRESS %THE WINTER ORGANIZATION, 730 FIFTH AVE NEW YORK, NY 10019 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP,... ti din g NAMÈ STREET ADDRESS

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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:

CITY-ST-ZIP

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

3/30/07

Daytime Phone #