LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 140779 J2W Partners, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island To authorize members to enter into aviation intervals with J2W Aviation RHODE ISLAND 5. Principal office address State City 23 ACORN STREET PROVIDENCE RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: *Contact Title Stanley J. Wachtenheim Street Address City State 41 Bassett Street . Providence RΙ 02903 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City Zip •City Zip Manager Name Manager Name Street Address Street Address State State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address CARL I. FREEDMAN, ESQ. ONE PARK ROW, SUITE 300 Address Zip PROVIDENCE 02903-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

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File Date_

Check No.

Form 632 Rev. 6/02

and that all statements contained herein are true and correct.

Signature of Authorized Person

Carl I. Freedman
Print or Type Name of Authorized Person