2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Feb 23, 2006 08:00 AM **Secretary of State DOCUMENT #A07317** 1. Entity Name CARRAWAY, LTD. Mailing Address Principal Place of Business 2626 MAHAN DRIVE 2626 MAHAN DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 02172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Application 59-1889855 \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CARRAWAY, F. WILSON JR. DO NOT WRITE 2626 MAHAN DRIVE TALLAHASSEE, FL 32308 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. DOCUMENT# CARRAWAY, F. WILSON JR. MAME STREET ADDRESS 3631 MOSSY CREEK LANE CITY-ST-ZIP TALLAHASSEE, FL 32311 DOCUMENT / 100000443316 NAME 03/06/06-80001-016 500.**0**0 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT A WANE STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNING GENERAL PARTNER

850-942-26

Dayrime Phone #

FILED