

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A07317 1. Entity Name CARRAWAY, LTD.	
--	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 22 AM 9:23

Principal Place of Business 2626 MAHAN DRIVE TALLAHASSEE, FL 32308	Mailing Address 2626 MAHAN DRIVE TALLAHASSEE, FL 32308
--	--



01072007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1889855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARRAWAY, F. WILSON JR. 2626 MAHAN DRIVE 3631 Mossy Creek Lane TALLAHASSEE, FL 32308 Tallahassee, FL 32311	
---	--

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 _____ 500086144685
Signature, typed or printed name of registered agent and title if applicable. 01/24/07--01038--013 **500.00 DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	CARRAWAY, F. WILSON JR.
STREET ADDRESS	3631 MOSSY CREEK LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32311
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Fullan 1/17/07 (850) 222-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE