

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY - 11 PM 1:34:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04132006 Chg-LP CR2E003 (11/05)

DOCUMENT # A96000000045		
1. Entity Name WESTWAY LIMITED		

Principal Place of Business P.O. BOX 431984 MIAMI FL 33243-1984	Mailing Address P.O. BOX 431984 MIAMI FL 33243-1984
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2. Principal Place of Business 7301 SW 57th Court Suite, Apt. #, etc. Suite # 440 City & State South Miami, FL Zip 33143 Country USA	3. Mailing Address 7301 SW 57th Court Suite, Apt. #, etc. Suite # 440 City & State South Miami, FL Zip 33143 Country USA
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4. FEI Number 65-0642508	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L66690 WESTWAY, INC. 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300074755823 05/17/06 01019 002 **500.00
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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:	L.R. Mattaway	4-17-06	305-662-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE