


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

<b>DOCUMENT # A96000000045</b> 1. Entity Name <b>WESTWAY LIMITED</b>	
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Principal Place of Business <b>7301 S.W. 57TH COURT, SUITE #440</b> <b>SOUTH MIAMI, FL 33143</b>	Mailing Address <b>7301 S.W. 57TH COURT, SUITE #440</b> <b>SOUTH MIAMI, FL 33143</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**

**07 MAY 24 AM 9:42**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052007    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>65-0642508</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAMONT & NEIMAN, P.A.**  
**ONE BISCAYNE TOWER, SUITE 3550**  
**TWO SOUTH BISCAYNE BOULEVARD**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		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	7301 SW 57 CT, Suite 440 South Miami, FL 33143
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100103636451 06/01/07--01005--017 **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:**  **4/19/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/19/07** Daytime Phone #