

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000045**

1. Entity Name  
**WESTWAY LIMITED**



Principal Place of Business  
**7301 S.W. 57TH COURT, SUITE #440**  
**SOUTH MIAMI, FL 33143**

Mailing Address  
**7301 S.W. 57TH COURT, SUITE #440**  
**SOUTH MIAMI, FL 33143**



01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0642508**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

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

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # **L66690**  
NAME **WESTWAY, INC.**  
STREET ADDRESS **7301 SW 57 CT, SUITE 440**  
CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

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05/29/08-80062-009 500.00

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STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #