2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000008844

1. Entity Name
DICKINSON WESTERN WAY, LLC

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE SUITE 2401 JACKSONVILLE, FL 32202	ONE INDEPENDENT DRIVE SUITE 2401 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

02202006 No Chg-LLC CRZE083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, WALTER D
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

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6. 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 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DICKINSON, WALTER D
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2401
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/19/06-80035-015 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Walter Dickinson 4/03/06 904-358-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #