2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

03-25-2005 90133 032 ****55.00

DOCUMENT # L04000060695

1. Entity Name
WESTERN WAY PARNTERS I, LLC

300053399

Principal Place of Business	Mailing Address
8711 PERIMETER PARK BOULEVARD SUITE 11 JACKSONVILLE, FL 32216	8711 PERIMETER PARK BOULEVARD SUITE 11 JACKSONVILLE, FL 32216

03212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1509372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARTLETT, BARON L 135 PROFESSIONAL DRIVE #101 PONTE VEDRA BEACH, FL 32082	Name: Donald C. Fort Street Address (P.O. Box Number is Not Acceptable): 8711-11 Perimeter Park Blvd. City: Jacksonville FL Zip Code: 32216

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] 3/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORT, DONALD C		NAME		
STREET ADDRESS	8711 PERIMETER PARK BOULEVARD,SUITE 11		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PROSPECT CAPITAL GROUP		NAME		
STREET ADDRESS	177 BROAD STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/21/05 (904)641-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #