

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000060695			
1. Entity Name WESTERN WAY PARTNERS I, LLC			
Principal Place of Business 8711 PERIMETER PARK BOULEVARD SUITE 11 JACKSONVILLE, FL 32216		Mailing Address 8711 PERIMETER PARK BOULEVARD SUITE 11 JACKSONVILLE, FL 32216	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30005399



03212005 Chg-LLC CR2E083 (10/03)

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

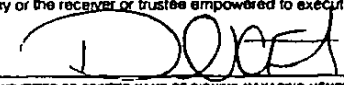
SIGNATURE  DATE 3/21/05
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORT, DONALD C 8711 PERIMETER PARK BOULEVARD, SUITE 11 JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROSPECT CAPITAL GROUP 177 BROAD STREET, 15TH FLOOR STAMFORD, CT 06901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:  DATE 3/21/05 (904) 641-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE