

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

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**



03062007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FORT, DONALD C
8711-11 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

L000000683619
04/05/07-80052-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FORT, DONALD C
8711 PERIMETER PARK BOULEVARD, SUITE 11
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROSPECT CAPITAL GROUP
177 BROAD STREET, 15TH FLOOR
STAMFORD, CT 06901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/07

Date

904-641-0018

Daytime Phone #