2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084114

Entity Name: LEEWAY ASSOCIATES LLC

Current Principal Place of Business:

153 SEVILLA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140668
CORAL GABLES, FL 331140668

New Mailing Address:

18 HERRICK RD
GORHAM, ME 04038

FEI Number: 16-1715072   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

M.J.F.. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES, FL 33134   US

Name and Address of New Registered Agent:

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES, FL 33134   US

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.

SIGNATURE: M.J.F. REGISTERED AGENT CORP.   03/10/2005

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete
Name:	ALVES, TRACY
Address:	18 HERRICK ROAD
City-St-Zip:	GORTHAM, ME 04038

Title:	MGRM ( ) Delete
Name:	ALVES, LAURA L
Address:	18 HERRICK ROAD
City-St-Zip:	GORTHAM, ME 04038

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	ALVES, TRACY L
Address:	18 HERRICK ROAD
City-St-Zip:	GORHAM, ME 04038

Title:	MGRM (X) Change ( ) Addition
Name:	ALVES, LAURA L
Address:	18 HERRICK ROAD
City-St-Zip:	GORHAM, ME 04038

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAURA L. ALVES   MGRM   03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date