
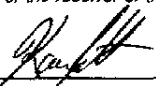


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000090517 1. Entity Name WESTWAY, L.L.C.																																										
Principal Place of Business 3859 BEE RIDGE ROAD SUITE 200 SARASOTA, FL 34233	Mailing Address 3859 BEE RIDGE ROAD SARASOTA, FL 34233																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN STREET, STE. 610 SARASOTA, FL 34236		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																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>JOHNSTON, TODD J</td></tr><tr><td>STREET ADDRESS</td><td>3859 BEE RIDGE ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34233</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>JOHNSTON, KAREN L</td></tr><tr><td>STREET ADDRESS</td><td>3859 BEE RIDGE ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34233</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	JOHNSTON, TODD J	STREET ADDRESS	3859 BEE RIDGE ROAD	CITY-ST-ZIP	SARASOTA, FL 34233	TITLE	MGRM	NAME	JOHNSTON, KAREN L	STREET ADDRESS	3859 BEE RIDGE ROAD	CITY-ST-ZIP	SARASOTA, FL 34233	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right;">000000670320 03/27/07-80107-013 50.00</div> DO NOT WRITE IN THIS SPACE
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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:  3/7/07 941-925-4400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																										