

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014489

Entity Name: AMERIWAY INVESTMENTS L.L.C.

FILED  
Mar 05, 2006  
Secretary of State

## Current Principal Place of Business:

5206 SAINT REGIS PL  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

5206 SAINT REGIS PL  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLANOS, ROBERTO  
5206 SAINT REGIS PL  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

CASTELLANOS, ROBERTO C  
5206 SAINT REGIS PL  
ORLANDO, FL 32812 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: ROBERTO CASTELLANOS

03/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CASTELLANOS, ROBERTO  
Address: 5206 SAINT REGIS PL  
City-St-Zip: ORLANDO, FL 32812

Title: MGR ( ) Delete  
Name: GONZALEZ, REYNALDO E  
Address: 1960 S. HIBISCUS DR.  
City-St-Zip: NORTH MIAMI, FL 33181

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CASTELLANOS, ROBERTO C  
Address: 5206 SAINT REGIS PL  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERTO CASTELLANOS

MGR

03/05/2006

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