

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056872

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ONAWAY DEVELOPMENT, LLC

## Current Principal Place of Business:

255 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

255 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

150 SE 2ND AVE  
1301  
MIAMI, FL 33131 US

## New Mailing Address:

150 SE 2ND AVE  
1301  
MIAMI, FL 33131 US

FEI Number: 20-2967355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, RONALD G  
2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DINGWELL, AIMEE  
Address: 255 ALHAMBRA CIRCLE, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Delete  
Name: WINTON, JOHNNY  
Address: 255 ALHAMBRA CIRCLE, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WINTON, JOHNNY  
Address: 150 SE 2ND AVE STE 1301  
City-St-Zip: MIAMI, FL 33131 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHNNY L. WINTON

MGR

03/31/2009

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