



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90048 027 ****50.00

DOCUMENT # L99000006184 1. Entity Name 7300 INVESTMENTS, L.L.C.					
Principal Place of Business 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143			Mailing Address 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143		
2. Principal Place of Business 7301 SW 57 COURT Suite, Apt. #, etc. Suite # 440 City & State South Miami, FLORIDA Zip 33143 Country USA		3. Mailing Address 7301 SW 57 COURT Suite, Apt. #, etc. Suite # 440 City & State South Miami, FLORIDA Zip 33143 Country USA			
4. FEI Number 65-0966359				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01162006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 COURT Suite # 440 City South Miami FL Zip Code 33143		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTWAY LIMITED, A FLORIDA LIMITED PARTNER 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57 COURT, Suite # 440 South Miami, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57 COURT, Suite # 440 South Miami, FLORIDA 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57 COURT, Suite # 440 South Miami, FLORIDA 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57 COURT, Suite # 440 South Miami, FLORIDA 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>L.R. Mattaway</u> <u>4/17/06</u> <u>305-662-1421</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					