

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DOCUMENT # L03000016087

1. Entity Name
SOTO/WASHINGTON, LLC

Principal Place of Business 161 WASHINGTON AVE MIAMI BEACH FL 33139	Mailing Address 161 WASHINGTON AVE MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 74-3090555	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FEUERMAN, JONATHAN ESQ
THERREL BAISDEN, PA
ONE SE 3RD AVE, STE 2400-SUNTRUST INTL CTR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">P</td> <td style="width: 70%;">SOTO, RAFAEL A 2101 N. BAY ROAD MIAMI BEACH FL 33140</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VPT</td> <td>SOTO, MARIA T 2101 N. BAY ROAD MIAMI BEACH FL 33140</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>S</td> <td>SOTO, LOURDES 2101 N. BAY ROAD MIAMI BEACH FL 33140</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> </table>	P	SOTO, RAFAEL A 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	VPT	SOTO, MARIA T 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	S	SOTO, LOURDES 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES																			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE: Lourdes Soto 2/21/07 (305) 532-9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #