


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000016087**

1. Entity Name  
**SOTO/WASHINGTON, LLC**



Principal Place of Business Mailing Address  
**161 WASHINGTON AVE 161 WASHINGTON AVE**  
**MIAMI BEACH FL 33139 MIAMI BEACH FL 33139**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **74-3090555** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/07)



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 reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOTO, RAFAEL A	
STREET ADDRESS	2101 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SOTO, MARIA T	
STREET ADDRESS	2101 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOTO, LOURDES	
STREET ADDRESS	2101 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000824545  
 02/20/08-80083-017 138.75

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 608, Florida Statutes.

SIGNATURE: Loures Soto 1/25/08 305-532-9074  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE