


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 11 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000025605</b> 1. Entity Name 739 WASHINGTON, L.L.C.	
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Principal Place of Business 3181 NW 61ST STREET BOCA RATON, FL 33496	Mailing Address C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US
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2. Principal Place of Business - No P.O. Box # 9070 Kimberly Blvd. #27 Suite, Apt. #, etc. PMB 128	3. Mailing Address 9070 Kimberly Blvd. #27 Suite, Apt. #, etc. PMB 128
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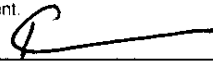
04092007 Chg-LLC CR2E083 (12/06)

City & State Boca Raton, FL Zip 33496	City & State Boca Raton, FL Zip 33496	Country USA	Country USA
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4. FEI Number 56-2436121	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  MORRIS, STUART R ESQ. 7000 W, PALMETTO PARK ROAD 310 BOCA RATON, FL 33433	7. Name and Address of New Registered Agent Name Louis J. Terminello, Esq. Street Address (P.O. Box Number is Not Acceptable) Terminello & Terminello, P.A. 2700 SW 37 Avenue City Miami FL Zip Code 33133
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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.

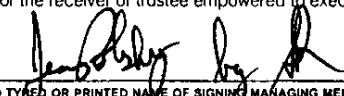
SIGNATURE  DATE 4/9/07

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSKY, ED	NAME	700097297357
STREET ADDRESS	3181 NW 61ST STREET	STREET ADDRESS	04/18/07--01013--003 **50.00
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSKY, JOAN	NAME	
STREET ADDRESS	3181 NW 61ST STREET	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE 4/9/07 DAYTIME PHONE # 305 444 5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE