

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050963

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: 1601 14TH STREET, NW LLC

**Current Principal Place of Business:**

5101 WISCONSIN AVENUE NW  
302  
WASHINGTON, DC 20016 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 WISCONSIN AVENUE NW  
302  
WASHINGTON, DC 20016 US

**New Mailing Address:**

FEI Number: 26-3783196      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAFFE, STEPHEN  
127 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

JAFFE, PIRJO  
127 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418 US

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: PIRJO JAFFE

03/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAFFE, STEPHEN  
Address: 127 MONTE CARLO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM ( ) Delete  
Name: JAFFE, DAVID  
Address: 127 MONTE CARLO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM ( ) Delete  
Name: JAFFE, MICHELLE  
Address: 127 MONTE CARLO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM ( ) Delete  
Name: PIRJO JAFFE REVOCABL, E TRUST  
Address: 127 MONTE CARLO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES:**

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

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

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

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: PIRJO JAFFE

MRS.

03/29/2009

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