


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000311 1. Entity Name 1515 WASHINGTON AVENUE PROPERTIES. L.C.					
Principal Place of Business 3191 CORAL WAY SUITE 1008 MIAMI FL 33145 US		Mailing Address 3191 CORAL WAY SUITE 1008 MIAMI FL 33145 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		1st MOORE CR2E083 (10/05)	
Zip		Zip		4. FEI Number 65-0577402 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOSTCHIN, GUILLERMO 3191 CORAL WAY SUITE 1008 MIAMI FL 33145			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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006		U00000404685 02/07/06-80009-009 50.00
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SOSTCHIN, GUILLERMO	NAME			
STREET ADDRESS	3191 CORAL WAY SUITE 1008	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	VIVES, GRACE	NAME			
STREET ADDRESS	3191 CORAL WAY SUITE 1008	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	STONE, DAVID E	NAME			
STREET ADDRESS	10 EDGEWATER DRIVE SUITE 9D	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33133	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	PERCAL, ENRIQUE S	NAME			
STREET ADDRESS	165 PEGENT PLACE	STREET ADDRESS			
CITY-ST-ZIP	LAKEWOOD NJ 08701	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SOSTCHIN, DANA	NAME			
STREET ADDRESS	17801 NORTHEAST 9 COURT	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEAC FL 33132	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	PERCEL, IDA	NAME			
STREET ADDRESS	5825 COLLUMS AVENUE SUITE 5G	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP			

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: *Grace Vives* **1/25/2006** **(305) 476-7767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #