

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 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
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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
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4. FEI Number 65-0577402	Applied For Not Applicable
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Zip	Country	Zip	Country
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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	
SOSTCHIN, GUILLERMO 3191 CORAL WAY SUITE 1008 MIAMI FL 33145	

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSTCHIN, GUILLERMO 3191 CORAL WAY SUITE 1008 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIVES, GRACE 3191 CORAL WAY SUITE 1008 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONE, DAVID E 10 EDGEWATER DRIVE SUITE 9D CORAL GABLES FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCAL, ENRIQUE S 165 PEGETT PLACE LAKEWOOD NJ 08701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSTCHIN, DANA 17801 NORTHEAST 9 COURT NORTH MIAMI BEAC FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCEL, IDA 5825 COLLUMS AVENUE SUITE 5G MIAMI BEACH FL 33140	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 02/08/07-80053-007-50.00

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 1/31/07 (305) 476-7767
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #