2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000050994

801 WASHINGTON, LLC



FILED Mar 25, 2008 08:00 AN Secretary of State

Principal Place of Business

407 LINCOLN ROAD SUITE 9-F MIAMI BEACH, FL 33139

Mailing Address

407 LINCOLN ROAD SUITE 9-F MIAMI BEACH, FL 33139



03042008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number			Applied For
20-1372976		Ţ	Not Applicable
5. Certificate of Status Des	ired 🔲	\$5.00) Additional

6. Name and Address of Current Registered Agent

COMRAS, MICHAEL 407 LINCOLN RD SUITE 9F MIAMI BEACH, FL 33139

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAM+ STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

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	named entity submits this statement for the purpose of chi tions of registered agent.	anging its registere	ed office or registered a	agent, or both	n, in the State of Florida. I am familiar with, and ac	cepi
SIGNATURE	Signature Typed or printed name of registered agent and title it applicable	(NOTE: Registere	d Agent signature required wher	rensialing)	DATE	-
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	, - ,			U00000869459 04/09/08-80050-013 138	75
9.	MANAGING MEMBERS/MANAGERS					
NAME STREET ADDRESS CITY-ST-ZIP	P COMRAS, MICHAEL A 407 LINCOLN RD, # 9F MIAMI BEACH, FL 33139			,	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·	DO	NOT WRITE	

IN THIS SPACE

11. I nereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE