

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000006865

FILED  
May 23, 2003  
Secretary of State

Entity Name: WASHINGTON TRUST, LLC

**Current Principal Place of Business:**

3 HARBOUR DRIVE NORTH  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

3 HARBOUR DRIVE NORTH  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

FEI Number: 65-1098079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARSALI, NICHOLAS  
3 HARBOUR DRIVE NORTH  
OCEAN RIDGE, FL 33435 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ARSALI, NICHOLAS  
Address: 3 HARBOUR DRIVE NORTH  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGRM ( ) Delete  
Name: ARSALI, AFSOON  
Address: 3 HARBOUR DRIVE NORTH  
City-St-Zip: OCEAN RIDGE, FL 33435

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: NICHOLAS ARSALI

MGRM

05/23/2003

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