

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017122

Entity Name: 901 WASHINGTON, L.L.C.

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

1005 N. MARION ST  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1005 N. MARION ST  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 56-2296294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, G. MICHAEL  
1005 N. MARION ST.  
TAMPA, FL 33602 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NELSON, G. MICHAEL  
Address: 1005 N. MARION ST.  
City-St-Zip: TAMPA, FL 33602 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: NELSON, FRANK A  
Address: 1005 N. MARION ST.  
City-St-Zip: TAMPA, FL 33602

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: G. NELSON

MGRM

02/02/2009

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