

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90116 015 \*\*\*\*50.00

20052936



04202005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000027252</b>	
1. Entity Name 1512 WASHINGTON, LLC	

Principal Place of Business 9903 NW 43 TERRACE MIAMI, FL 33178	Mailing Address 9903 NW 43 TERRACE MIAMI, FL 33178
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2. Principal Place of Business 9737 NW 41 ST Suite, Apt. #, etc. # 384 City & State DORAL FL Zip 33178 Country US	3. Mailing Address 9737 NW 41 ST Suite, Apt. #, etc. # 384 City & State DORAL FL Zip 33178 Country US
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4. FEI Number 74-3065019	Applied For Not Applicable
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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  GIL, CARLOS L 9903 NW 43 TER. MIAMI, FL 33178
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2926 NW 98 PL City DORAL FL Zip Code 33172
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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 	CARLOS GIL - REGISTERED AGENT (NOTE: Registered Agent signature required when reinstating)	DATE 04-26-05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIL, CARLOS 9903 NW 43 TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2926 NW 98 PL DORAL FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	CARLOS GIL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 04-26-05	DAYTIME PHONE # 305-500-5500