


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025605 1. Entity Name 739 WASHINGTON, L.L.C.	
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FILED
07 APR 11 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3181 NW 61ST STREET BOCA RATON, FL 33496	Mailing Address C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US
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2. Principal Place of Business - No P.O. Box # 9070 Kimberly Blvd. #27	3. Mailing Address 9070 Kimberly Blvd. #27
Suite, Apt. #, etc. PMB 128	Suite, Apt. #, etc. PMB 128
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33496	Country USA

04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2436121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 W, PALMETTO PARK ROAD 310 BOCA RATON, FL 33433	
7. Name and Address of New Registered Agent Name Louis J. Terminello, Esq. Street Address (P.O. Box Number is Not Acceptable) Terminello & Terminello, P.A. 2700 SW 37 Avenue City Miami FL Zip Code 33133	

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.

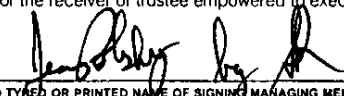
SIGNATURE  DATE 4/4/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	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 POLSKY, ED 3181 NW 61ST STREET BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700097297357 04/18/07--01013--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLSKY, JOAN 3181 NW 61ST STREET BOCA RATON, FL 33496 <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 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:  DATE 4/4/07 305 444 5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE