


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026473 1. Entity Name WASHINGTON AVE ENTERPRISES, L.L.C.	
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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
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2. Principal Place of Business - No P.O. Box # 9070 Kimberly Blvd. #27 Suite, Apt. #, etc. PMB 128	3. Mailing Address 9070 Kimberly Blvd. #27 Suite, Apt. #, etc. PMB 128
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04092007 Chg-LLC CR2E083 (12/06)

City & State Boca Raton, Fl	City & State Boca Raton, Fl
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4. FEI Number 56-2436117	Applied For <input type="checkbox"/> Not Applicable
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Zip 33496	Country USA	Zip 33496	Country USA
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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 MORRIS, STUART 7000 W. PALMETTO PARK 310 BOCA RATON, FL 33433
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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
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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  (NOTE: Registered Agent signature required when reinstating) DATE 4/9/07

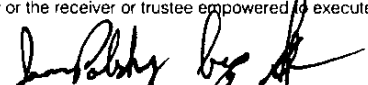
**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	POLSKY, JENNIFER
STREET ADDRESS	3181 NW 61ST STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLSKY, JOAN
STREET ADDRESS	3181 NW 61st Street, Boca Raton, Fl 33496
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600097297446
STREET ADDRESS	04/18/07--01013--004 **50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 4/9/07 DAYTIME PHONE # 205 444 5002

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