


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000026473

1. Entity Name
WASHINGTON AVE ENTERPRISES, L.L.C.



Principal Place of Business 9070 KIMBERLY BLVD, #27 PMB 128 BOCA RATON, FL 33496	Mailing Address 9070 KIMBERLY BLVD, #27 PMB 128 BOCA RATON, FL 33496
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2. Principal Place of Business - No P.O. Box # 9070 Kimberly Blvd. #27	3. Mailing Address 9070 Kimberly Blvd. #27
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Suite, Apt. #, etc. PMB 128	Suite, Apt. #, etc. PMB 128
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City & State Boca Raton, Fl	City & State Boca Raton, Fl
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Zip 33496	Country USA	Zip 33496	Country USA
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FILED
07 APR 20 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2436117	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J ESQ
TERMINELLO & TERMINELLO, P.A.
2700 SW 37 AVENUE
MIAMI, FL 33133

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 S.W. 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 4/19/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00	BK	Make check payable to Florida Department of State
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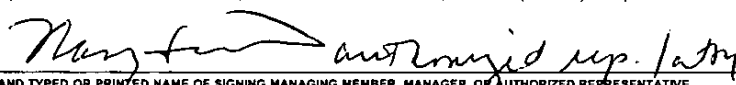
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" 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	Polisky, Joan	
STREET ADDRESS	3181 NW 61st Street, Boca Raton, Fl 33496	
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		
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 4/19/07 305-444-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #