2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # L04000016458

1. Entity Name
WASHINGTON COURTS LLC

Principal Place of Business	Mailing Address
849 WYMORE ROAD, SUITE 50 ALTAMONTE SPRINGS, FL 32714	849 WYMORE ROAD, SUITE 50 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

04012008No Chg-LLC CR2E083 (12/07)

4. FEI Number
11-3718875

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRIOLA, GARY
849 WYMORE ROAD, SUITE 50
ALTAMONTE SPRINGS, FL 32714

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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 Gary Abriola 3/31/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000881968
04/16/08-80021-028 500.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ABRIOLA, GARY
STREET ADDRESS	849 WYMORE ROAD, SUITE 50
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGR
NAME	ABRIOLA, ANTHONY D JR.
STREET ADDRESS	849 WYMORE ROAD, SUITE 50
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGR
NAME	ABRIOLA, DENNIS J
STREET ADDRESS	849 WYMORE ROAD, SUITE 50
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGR
NAME	ABRIOLA, RONALD V
STREET ADDRESS	849 WYMORE ROAD, SUITE 50
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Abriola 3/31/08 407 788 0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone