

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90046 049 \*\*\*\*50.00

**DOCUMENT # L04000056866**

1. Entity Name  
**HARWOOD WASHINGTON STREET PARTNERS, LLC**



Principal Place of Business      Mailing Address  
**19 SCHINDLER WAY**      **19 SCHINDLER WAY**  
**FAIRFIELD, NJ 07004-2137 US**      **FAIRFIELD, NJ 07004-2137 US**

2. Principal Place of Business      3. Mailing Address  
**26 JOURNAL SQUARE**      **26 JOURNAL SQUARE**  
 (Suite, Apt. #, etc.)      (Suite, Apt. #, etc.)  
**804**      **804**

City & State      City & State  
**Jersey City, N.J.**      **Jersey City, N.J.**  
 Zip      Country      Zip      Country  
**07306**      **USA**      **07306**      **USA**



6. Name and Address of Current Registered Agent  
**ASKEW, JEFFREY D**  
**658 W. INDIANTOWN ROAD**  
**SUITE 202**  
**JUPITER, FL 33458**

4. FEI Number      Applied For  
**202773892**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00 Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWOOD, SCOTT 19 SCHINDLER WAY FAIRFIELD, NJ 070042137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWOOD, SCOTT 26 JOURNAL SQUARE, STE 804 JERSEY CITY, N.J. 07306 <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
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Scott Harwood**

Date: **8/30/05**      Daytime Phone #: **201 798 9001**