


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 19 SCHINDLER WAY FAIRFIELD, NJ 07004-2137 US			Mailing Address 19 SCHINDLER WAY FAIRFIELD, NJ 07004-2137 US		
2. Principal Place of Business 26 JOURNAL SQUARE Suite, Apt. #, etc. 804		3. Mailing Address 26 JOURNAL SQUARE Suite, Apt. #, etc. 804			
City & State Jersey City, N.J.		City & State Jersey City, N.J.		4. FEI Number 202773892	
Zip 07306		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASKEW, JEFFREY D 658 W. INDIANTOWN ROAD SUITE 202 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
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	
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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

8/30/05 201798-9001
Date Daytime Phone #