


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90036 013 \*\*\*\*50.00

<b>DOCUMENT # L05000081057</b>	
1. Entity Name 143 WASHINGTON LLC	

Principal Place of Business 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434	Mailing Address 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04142006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 02-0751700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
KARYO, RICHARD 19540 PLANTERS POINTE DRIVE BOCA RATON, FL 33434	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARYO, RICHARD	NAME	
STREET ADDRESS	19540 PLANTERS POINTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARYO, MICHEL	NAME	
STREET ADDRESS	5539 N. MILITARY TRAIL, APT. 2002	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARYO, ARMAND	NAME	
STREET ADDRESS	3 SHORT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROSLYN, NY 11576	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFF, CATHERINE	NAME	
STREET ADDRESS	75 HAZELWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JERICHO, NY 11753	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 4/17/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

561-852-1495