

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000091944**

1. Entity Name  
**WASHINGTONIA PARTNERS, LLC**



Principal Place of Business  
**412 HIBISCUS TRAIL  
MELBOURNE BEACH, FL 32951 US**

Mailing Address  
**412 HIBISCUS TRAIL  
MELBOURNE BEACH, FL 32951 US**



03092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3515808**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BUFFINGTON, NED B  
412 HIBISCUS TRAIL  
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000664678  
03/22/07-80055-003 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BUFFINGTON, NED B  
412 HIBISCUS TRAIL  
MELBOURNE BEACH, FL 32951**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
O'CONNELL, ALAN M  
2510 CROOKED ANTLER DRIVE  
MELBOURNE, FL 32934**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
O'CONNELL, JACKIE M  
2510 CROOKED ANTLER DRIVE  
MELBOURNE, FL 32934**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-9-07**

Date

**321-917-6216**

Daytime Phone #

*Ned B. Buffington*