
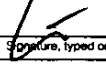
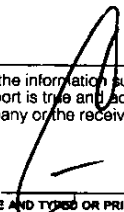


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90075 014 \*\*\*\*50.00

<b>DOCUMENT # L06000030234</b> 1. Entity Name 3703 N. WASHINGTON, LLC.					
Principal Place of Business 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236			Mailing Address 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1675 Bay Harbor Ln. Suite, Apt. #, etc. Sarasota, FL		3. Mailing Address 1675 Bay Harbor Ln. Suite, Apt. #, etc. Sarasota, FL City & State 34231 USA			
Zip 34231		Country USA		4. FEI Number 20-4548024	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GATES, CHAD L 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236			7. Name and Address of New Registered Agent  Name ← Street Address (P.O. Box Number is Not Acceptable) 1675 Bay Harbor Ln. Sarasota, FL 34231 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 8/21/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATES, CHAD L 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gates, Chad L. 1675 Bay Harbor Ln. Sarasota, FL 34231	<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
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
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.					
<b>SIGNATURE:</b> 			8/21/07 (941) 955-0703 <small>Date Signature Phone #</small>		