## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Jan 14, 2008 8:00 am **Secretary of State** DOCUMENT # L06000030234 01-14-2008 90048 009 \*\*\*138.75 1. Entity Name 3703 N. WASHINGTON, LLC. Principal Place of Business Mailing Address 60001468 1675 BAY HARBOR LN 1675 BAY HARBOR LN SARASOTA, FL 34231 SARASOTA, FL 34231 CR2E083 (12/07) 01072008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 20-4548024 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GATES, CHAD L DO NOT WRITE 1675 BAY HARBOR LN SARASOTA, FL 34231 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE GATES, CHAD L NAME 1675 BAY HARBOR LN STREET ADDRESS CITY-ST-ZIP SARASOTA, FL:34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

11. I hereby certify that the in indicated on this report is limited liability company of information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am a managing member or manager of the or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

FILED