

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90076 029 ****55.00

DOCUMENT # L06000111461 1. Entity Name 1439 WASHINGTON(WILMSLOW PROPERTIES 2006), LLC					
Principal Place of Business 1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139			Mailing Address 1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # <i>1435 Washington Ave.</i>		3. Mailing Address <i>SAME.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami Beach, FL.</i>		City & State		4. FEI Number <i>20-5937460</i>	
Zip <i>33139</i>		Country <i>USA.</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 28TH FL MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>1439 Washington (Wilmslow Properties, 2006) LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>1435 Washington Avenue.</i> City <i>Miami Beach</i> FL Zip Code <i>33139.</i>		
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: <i>Peter J. Neary - President.</i> SIGNATURE <i>X</i> <i>Peter J. Neary - President.</i> <i>July 19/2007.</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <i>President.</i> <input type="checkbox"/> Delete NAME <i>Peter J. Neary</i> STREET ADDRESS <i>1435 Washington Ave.</i> CITY-ST-ZIP <i>Miami Beach, FL 33139.</i>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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. <i>Peter J. Neary - President.</i> <i>July 19/07. (905) 538-7395.</i> SIGNATURE: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					