2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
02-04-2008 90138 020 ***138.75

30003928

DOCUMENT # L07000048421

1. Entity Name
WASHINGTON LOOP, LLC

Principal Place of Business	Mailing Address
5207 THE POINTE ENGLEWOOD, FL 34223 US	5207 THE POINTE ENGLEWOOD, FL 34223 US

01292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1133 Bal Harbor	Same as
Suite, Apt. #, etc.: Ste. 1139	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State
Zip: 33950 Country:	Zip Country

4. FEI Number: 26-0142241 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICE OF THOMAS W. GARRARD, P.A.
520 E. OLYMPIA AVE.
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: McKinley, Ittersagen et al
Street Address (P.O. Box Number is Not Acceptable): 18401 Murdock Circle, 2nd FL
Port Charlotte
City FL Zip Code 33948

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Lovinee Lehr STREET ADDRESS: 1139 Bal Harbor Ste. 1139 CITY-ST-ZIP: P. G. FL 33950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #