


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/4 **FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90102 008 \*\*\*138.75

<b>DOCUMENT # L07000080293</b>	
1. Entity Name <b>WASHINGTON SQUARE, LLC</b>	

Principal Place of Business <b>3970 TAMPA RD. OLDSMAR, FL 34677</b>	Mailing Address <b>34824 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0680415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DAMIANAKIS, ANTHON</b> <b>2348 SUNSET POINT RD.</b> <b>CLEARWATER, FL 33765</b>		Name <b>Aron-Kedan</b> Street Address (P.O. Box Number is Not Acceptable) <b>34824 U.S. Highway 19 North</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34684</b>	

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 *Aron Kedan* **Aron Kedan** Manager **2/21/08**  
Signature, name or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEDAN, ELLA P.O. BOX 263 LARGO, FL 33779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Aron Kedan 34824 U.S. Highway 19 N Palm Harbor, FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEDAN, MOSHE P.O. BOX 263 LARGO, FL 33779 <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
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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.

SIGNATURE: *Aron Kedan* **Aron Kedan** **2/21/08** **(727)787-6173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devere Phone #