


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2005 8:00 am
Secretary of State

02-14-2005 90178 009 ****55.00
 07-21-2005 90010 019 ****50.00

DOCUMENT # L95000000311			
1. Entity Name 1515 WASHINGTON AVENUE PROPERTIES. L.C.			
Principal Place of Business 2500 S.W. 27TH AVENUE MIAMI FL 33133 33145		Mailing Address 2500 S.W. 27TH AVENUE 3191 Coral Way MIAMI FL 33133 33145	
2. Principal Place of Business		3. Mailing Address 3191 Coral Way	
Suits, Apt. #, etc.		Suits, Apt. #, etc. #1008	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33145		33145	USA
4. FEI Number 65-0577402		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent SOSTCHIN, GUILLERMO 2500 S.W. 27TH AVE. 3191 Coral Way #1008 MIAMI FL 33133 33145		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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	
Signature, typed or printed name of registered agent and entity, if applicable		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR SOSTCHIN, GUILLERMO 2500 S.W. 27TH AVE. 3191 Coral Way #1008 MIAMI FL 33133 33145	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	MEM VIVES, GRACE 2500 S.W. 27TH AVE. 3191 Coral Way #1008 MIAMI FL 33133 33145	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	Member David E. Stone 10 Edge Water Dr. # 9D Coral Gables FL 33133	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	Member Enrique Susana Peral 165 Regent Place Lakewood HS 08701	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	Member Dana Sostchin 17801 NE 9th Court Miami Beach FL 33142	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	Member I da Peral 5825 Collins Ave. # 5G Miami Beach FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <u>[Signature]</u>		Date: <u>7/10/2005</u> (305) 926-7767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone *	