

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90045 030 ***138.75

DOCUMENT # L95000000311

1. Entity Name
1515 WASHINGTON AVENUE PROPERTIES. L.C.



Principal Place of Business

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145 US

Mailing Address

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145 US

60005445



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0577402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOSTCHIN, ~~GUILLERMO~~ HENRIETHA
3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145
640 NE 176 ST
NMB FL 33162

**DO NOT WRITE
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 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOSTCHIN, GUILLERMO HENRIETHA
STREET ADDRESS	3191 CORAL WAY SUITE 1008 640 NE 176 ST
CITY-ST-ZIP	MIAMI, FL 33145 NMB FL 33162
TITLE	MGRM
NAME	VIVES, GRACE
STREET ADDRESS	3191 CORAL WAY SUITE 1008
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	STONE, DAVID E
STREET ADDRESS	10 EDGEWATER DRIVE SUITE 9D
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	MGRM
NAME	PERCAL, ENRIQUE S
STREET ADDRESS	165 PEGENT PLACE
CITY-ST-ZIP	LAKEWOOD, NJ 08701
TITLE	MGRM
NAME	SOSTCHIN, DANA
STREET ADDRESS	17801 NORTHEAST 9 COURT
CITY-ST-ZIP	NORTH MIAMI BEAC, FL 33132
TITLE	MGRM
NAME	PERCAL, IDA
STREET ADDRESS	5825 COLLUMS AVENUE SUITE 5G
CITY-ST-ZIP	MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #