

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000311

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0577402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSTCHIN, HENRIETTA
3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOSTCHIN, HENRIETTA
Address: 640 NE 176 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: VIVES, GRACE
Address: 3191 CORAL WAY SUITE 1008
City-St-Zip: MIAMI, FL 33145

Title: MGRM (X) Delete
Name: STONE, DAVID E
Address: 10 EDGEWATER DRIVE SUITE 9D
City-St-Zip: CORAL GABLES, FL 33133

Title: MGRM (X) Delete
Name: PERCAL, ENRIQUE S
Address: 165 PEGENT PLACE
City-St-Zip: LAKEWOOD, NJ 08701

Title: MGRM () Delete
Name: SOSTCHIN, DANA
Address: 17801 NORTHEAST 9 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33132

Title: MGRM () Delete
Name: PERCEL, IDA
Address: 5825 COLLUMS AVENUE SUITE 5G
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PERCAL, IDA
Address: 5825 COLLUMS AVENUE SUITE 5G
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRACE VIVES

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date