## FILE NOW: Fee after May 1, will be \$588.75

Exp. Country    Solid of Last Report   Solid								-		
FILING FEE Annual Report \$100.00 - \$100.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of DOCUMENT #L.96000000503  WASHINGTON AVENUE, L.C. 1.31.7 WASHINGTON AVENUE, L.C. 2. Propagation of Department of the provision of Sections of State Country  2. Propagation of Sections of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of Provision. Such change was sufficient of the section of the provision of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of Sections (SIR.416 and 503.506. Foreign Statute, the aboven-named limited liability company administration of Provision. Secti		Sandra B. Mortham Secretary of State			•					
\$ 203.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of Limited Liability Company   DOCUMENT #L.96000000503    WASHINGTON AVE.   1a. C.   13.17   WASHINGTON AVE.   WIAMI BEACH FL 33139    Ill above nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   2a. Malling Address   2a. Malling Address   3.17   WASHINGTON AVE.   WIAMI BEACH FL 33139    Ill above nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   2a. Malling Address   3. Data Organized or Qualified   3a. State of Formation   55/01/1996   FL    Eliabove nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   3. Data Organized or Qualified   3a. State of Formation   55/01/1996   FL    Eliabove nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   3. Data Organized or Qualified   3a. State of Formation   55/01/1996   FL    Eliabove nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   3. Data Organized or Qualified   3a. State of Formation   55/01/1996   FL    Eliabove nating address is browned in any way, line shough incorrect information and evider correction in Bock 2a   3. Data Organized or Qualified   3a. State of Formation   55/01/1996   FL    Eliabove nating address is browned in any way, line shough of the produced of							4 97 MAR 31 AM 35 UV			
WASHINGTON AVENUE, L.C.  13.17 WASHINGTON AVE. MIAMI BEACH FL 33139  # above malling address is incorrect in any way, line through incorrect information and enter correction in Buck 2s.  2 Principal Place of Business  2 A Malling Address  2 A Malling Address  3. Date Organized or Qualified  3s. State of Formation  3r. PET Number  4. FET Number  5. Date of Last Report  6. Certificate of Status Desire  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered  8. Name and Address of New Registered								SECRETARY OF STATE		
WASHINGTON AVENUE, L.C.  13.17 WASHINGTON AVE. MIAMI BEACH FL 33139  # above malling address is incorrect in any way, line through incorrect information and enter correction in Buck 2s.  2 Principal Place of Business  2 A Malling Address  2 A Malling Address  3. Date Organized or Qualified  3s. State of Formation  3r. PET Number  4. FET Number  5. Date of Last Report  6. Certificate of Status Desire  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered  8. Name and Address of New Registered	1. Name and Malling Address DOCUMENT # 9600000503									
WASHINGTON AVE.  1317 WASHINGTON AVE.  MIAMI BEACH FL 33139    Habove mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  Ze. Maining Address  2a. Maining Address  3. Date Origanized or Qualified  5a. State of Formation  5bute, Apt. f. etc.  City & State  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Street Address (F.O. Box Number is Not Acceptable)  Stiffe, Apt. f. etc.  City  C	of Limited Clability Company									
2. Mailing Address  2. Mailing Address  3. Date Organized or Qualified  3. State of Formation  5/01/1996  FL  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Date of Last Report  6. Certificate of Status Desire  7. Name and Address of Current Registered Agent  SHEMTOV, SAMT  1.3.1.7 WASHINGTON AVE,  MIAMI BEACH FJ. 3.3.1.3.9  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  City  FL  2ip Code  City  FL  32ip Code  City  FL  City  FL  32ip Code  FL  City  FL  City  FL  City  FL  32ip Code  City  FL  Suite, Apt. #, etc.  City  FL  Suite, Apt. #, etc.  City  FL  Ci	WASHINGTON AVENUE, L.C. 1317 WASHINGTON AVE. 1317 WASHINGTON AVE.									AVE.
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.										
Suite, Apt. #, etc.  City & State  T. Name and Address of Current Registered Agent  SHEMTOV, SAMI  131.7 WASHINGTON AVE.  MIPMINGTON AVE.  Sireet Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip	2. Principal Pia	ng Address		3. Date Organiza	ed or Qualified	3a. State of Formation				
City & State  Street Address of Lest Report  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Sulfe, Apt. If, etc.  City  Lip Code  FL  Zip Code  FL  Z	Suite Ant # el	t. #. etc.		1 ' -	96	FL				
Not Applied   Status Desires   Status	Suite, Apt. #, etc.				<del>**, 010.</del>		4. FEI Number		Applied For	
Exp. Country    Solid of Last Report   Solid	City & State City &			City & S	State					Not Applicable
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  SHEMTOV, SAMT  1.3.1.7 WASHINGTON AVE.  MITAMI BEACH PJ. 33139  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  FL  Sitrest Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Sitrest Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Sitrest Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Sitrest Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  Changing its registered agent, end accept the obligations. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SiGNATURE  Registered Agent Accepting Appointment (NOTE Registered Agent Agent accepting Agent Agen				<del></del> -				5. Date of Last F	Report	6. Certificate of Status Desired
SHEMTOV, SAMT 1.31.7 WASHINGTON AVE. MIAMI BEACH PI. 331.39  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL  2ip Code  FL  9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changits registered agent, and accept the obligations.  Signature Registered Agent Accepting Appointment (NOTE Registered Agent algorature required with reliability)  To. Title Managing Members/Managers Business Street Address City, State and Zip Code  MEM SHEMTOV, SAMI 3448 LAUREL, OAK I.N.  BEROOKLYN NY  MEM SHEMTOV, EZRA 1911  Signature Registered Agent Accepting Appointment of the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the appointment of the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the above-named limited liability company submits this statement for the purpose of changits are registered agent, and accept the above-named limited liability company submits this statement for the purpose of changits are registered agent, and accept the purpose of changits are registered agent, and accept the purpose of changits	Zip	Count	ry	Zip		Counti	У			\$8.75 Additional Fee Required
SHEMTOV, SAMI 1.31.7 WASHINGTON AVE.  MIAMI BEACH F1. 33139  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  FL  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Apparation to the provisions of Sections 508.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of change its registered agent, and accept the obligations.  Signature  ###################################	\ <u></u>	7. Name and Ad	dress of Current R	egistered	Agent			6. Name and Add	ress of New Re	egistered Agent
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  P. Pursuant to the provisions of Sections 608.416 and 606.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of change its registered agent, and accept the obligations.  Signature    Proprieted Agent Accepting Appointment   (NOTE Registered Agent signature required when reinidating)   DATE	CHEMMIOS			Name						
Suite, Apt. #, etc.  City  FL  Zip Code  Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment)  (NOTE Registered Agent Accepting Appointment (NOTE Registered Agent Age	1317 WAS			Street Address (	P.O. Roy Number is Not Assentable)					
2. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required who reinstalling)  10. Title  Managing Members/Managers  Business Street Address  City, State and Zip Code  MEM SHEMTOV, SAMI  448 LAUREL, OAK I.N.  HOLLYWOOD FI.  BROOKLYN NY  MEM SHEMTOV, EZRA  S104 AVE. L  BROOKLYN NY  BROOKLYN NY  BROOKLYN NY  BROOKLYN NY  S208 AVE. M  BROOKLYN NY  S101/21306955—  -04/01/37—01109—006		Street Address (I			F.O. DOX MUNIDER IS NOT ACCEDISION					
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information										
Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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; and that my name appears in Block 10, or on a										
attachment with an address.										
SIGNATURE:										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date OF June Phone #										