


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000503 1. Entity Name WASHINGTON AVENUE, L.C.	
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Principal Place of Business 1317 WASHINGTON AVE. MIAMI BEACH, FL 33139	Mailing Address 1317 WASHINGTON AVE. MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0741944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHEMTOV, SAMI 3640 YACHT CLUB DRIVE, APT. 2005 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHEMTOV, SAMI 3448 LAUREL OAK LN. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHACHAF, YITZIK 781 3 AVE. BROOKLYN, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SHEMTOV, EZRA 8104 AVE. L BROOKLYN, NY 11236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WEISS, MIKE 8208 AVE. M BROOKLYN, NY 11236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/02/04-80016-011 150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  X 4.1.04 305-534-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #