


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90407 007 ***155.00

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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02042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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, 2007**

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 761 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	

**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: *Sami Shemtov* SAMI SHEMTOV 5-9-07 954-42-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #