


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L96000000503

1. Entity Name
 WASHINGTON AVENUE, L.C.



Principal Place of Business
 1317 WASHINGTON AVE.
 MIAMI BEACH, FL 33139

Mailing Address
 1317 WASHINGTON AVE.
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



03092008No Chg-LLC CR2E083 (12/07)

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

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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 _____

FILE NOW!!! - FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

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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 4-1-08 954-612-1426

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