2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400002394

1. Entity Name SS WASHINGTON, LLC



Principal Place of Business 7932 W SAND LAKE RD SUTE 108 ORLANDO, FL 32819 Mailing Address 7932 W SAND LAKE RD SUTE 108 ORLANDO, FL 32819

FILED May 08, 2007 8:00 am Secretary of State

05-08-2007 90119 001 ***850.00

30007205



02192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1141363

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

Date

6. Name and Address of Current Registered Agent

SCHMUTZLER, KYLE 7932 WEST SAND LAKE RD SUITE 108 ORLANDO, FL 32819

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

 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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi De	ling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR OBST HOLDINGS, LLC 7932 WEST SAND LAKE RD ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	VRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE		
TITLE NAME STREET ADDRESS CATY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature s bility company or the receiver of trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes thall have the same legal effect as if made under oath; that I am a necute this report as required by Chapter 608, Florida Statutes.	s. I further certify that the information nanaging member or manager of the		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE