FILE NOW: Fee after May 1, will be $263.75

APPROVED AND FILED

95 FEB 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** Z00610

111 WASHINGTON SQUARE LIMITED COMPANY
~~1440 KENNEDY CAUSEWAY~~
NORTH BAY VILLAGE FL 33141

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address
1440 KENNEDY CAUSEWAY
NORTH BAY VILLAGE FL 33141

2. Mailing Address	2a. Principal Place of Business
1440 J.F. Kennedy Cswy	111 NW 183RD ST
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 107
City & State North Bay Village Fl	City & State Miami FL
Zip 33141 Country US	Zip 33169-4520 Country US

3. Date Organized or Qualified	3a. State of Formation
07/08/1992	FL

4. FEI Number 65-0353687 ☐ Applied For ☐ Not Applicable

5. Date of Last Report 03/29/1994

6. Certificate of Status Desired $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

DALEY, DAVID E
7801 COLLINS AVE.
MIAMI BEACH FL 33141

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

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 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	JACOB, ELI	1440 KENNEDY CSWY STE. #40	N BAY VILLAGE FL
MEM	JACOB, ANITA	1440 KENNEDY CSWY #400	N BAY VILLAGE FL

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11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Eli Jacob 2-7-95 305 665 3114
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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10 pages