2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	A96	000	001	294	

1. Entity Name CONGRESS ASSOCIATES, LTD.

Principal Prace of Business 2828 CORAL WAY, PENTHOUSE SUITE

MIAMI FI 33145

SIGNATURE:



Mailing Address 2828 CORAL WAY. PENTHOUSE SUITE MIAMI FL 33145 FILED 2003 APR 22 PM 2: 30

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



Daytime Phone #

E. Name and Address of Current Registered Agent F. Name and Address of Status Desired Street Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am familiar with, and act the obligations of registered agent, or both. In the State of Florida. I am fa	2. Principal Place of Business 3. Mailing Add				\$, , , , , , , , , , , , , , , , , , , ,	INIO 18110 AITH BRISE BRISE	, manii 48 181 44 1	#1 11 418		
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partners!	4. Thereby of indicated	ertify that the information supplied with	this fili	ng does not qualify fo	or the exemption	on stated in S	Section 119.07(3)(i),	Florida Statutes, I fu	urther certify	that the	ne information	