2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000013888

1. Entity Name 3185 CONGRESS AVENUE, LLC

Principal Place of Business

DELRAY BEACH, FL 33445

3185 CONGRESS AVE



Mailing Address

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

FILED Mar 13, 2006 08:00 AM Secretary of State



02212006 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number	Applied For	
65-1061891	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006

WILLIAM K ISAACSON

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered	office or registered agent, or both, in the	e State of Florida I am familiar with, and accept			
SIGNATURE Signature, typed or priviled name of registered agent and title if applicable		(NOTE Registered A	igent signature required when reinstating)	DATE			
F	iling Fee is \$50.00 we by May 1, 2008						
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ISAACSON, WILLIAM K 21045 COMMERCIAL TR BOCA RATON, FL 33486			19000004657Z/ 83/23/06-800ZZ-806 50.00			
title Name Street Aodress City-St-Zip	MEM ISAACSON, PATRICIA L 21045 COMMERCIAL TR BOCA RATON, FL 33486		83				
TITLE NAME STREET ABDRESS CITY-ST-ZIP			DO N	OT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• .	-	IN TH	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
WILE NAME STREET ADDRESS CITY-SI-ZIP							
11. I hereby indicated limited fit	certify that the information supplied with this filling does not on this report is true and accurate and that my signature ability company or the receiver or trustee empowered to ex-	outling for the exercise that have the same ecute this report as	mptions contained in Chapter 119, Flor e legal effect as if made under oath; the required by Chapter 608, Florida Stati	ida Statutes. I further certify that the information at I am a managing member or manager of the stee.			