


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013888**  
 1. Entity Name  
 3185 CONGRESS AVENUE, LLC



Principal Place of Business 3185 CONGRESS AVE DELRAY BEACH, FL 33445	Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486
--	---

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1061891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ISAACSON, WILLIAM K 21045 COMMERCIAL TR BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ISAACSON, PATRICIA L 21045 COMMERCIAL TR BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000711872  
 04/26/07-80023-019 50.00

**DO NOT WRITE IN THIS SPACE**

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.

WILLIAM K ISAACSON

**SIGNATURE:** \_\_\_\_\_ *4/11/07* *561-750-8800*

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