

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A

Secretary of State

DOCUMENT # L00000013888

1. Entry Name
 3185 CONGRESS AVENUE, LLC



APR 11 2008

BY: _____

Principal Place of Business
 3185 CONGRESS AVE
 DELRAY BEACH, FL 33445

Mailing Address
 21045 COMMERCIAL TRAIL
 BOCA RATON, FL 33486



04102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1061891 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** 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

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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 |
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 04/30/08-80090-014 138.75

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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.

SIGNATURE: WILLIAM K. ISAACSON

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

Date

Daytime Phone #

4-14-08 *ST-250 8000*