2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

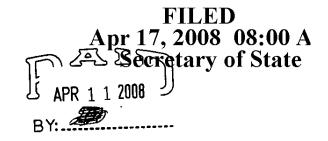
DOCUMENT # L00000013888

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





04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	-	 	plie
65-1061891		NC	t Ap
	 \$5.0	O Adr	lition

5. Certificate of Status Desired

Fee Required

plicable

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMPERS MANIAGERS

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

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8.	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 acc		
	the obligations of registered agent.		
Q.	CNATHE		

(NOTE: Registered Agent signature required when reinstating)

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

- Hannon903528

<u> กลวจิทิสาเราะยากรที่สาก 4 158.75</u>

•	MATACATA MEMBERIO/MATACERIO
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	MÉM ISAACSON, PATRICIA L 21045 COMMERCIAL TR BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-S1-7IP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

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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 tegal 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: _

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

4-14

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Daytime Phone #