

**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
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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

**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 reinstalling) DATE \_\_\_\_\_

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

000000903528

04/30/08-80090-014 138.75

**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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

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*