


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

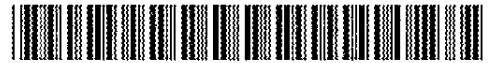
**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005552**  
 1. Entity Name  
 1310 CONGRESS PARTNERS, LLC



Principal Place of Business 5201 VILLAGE BLVD. WEST PALM BEACH, FL 33407	Mailing Address 5201 VILLAGE BLVD. WEST PALM BEACH, FL 33407
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1102584	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  
 NEEDLE, ROBERT  
 5201 VILLAGE BLVD.  
 WEST PALM BEACH, FL 33407

**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, 2004**

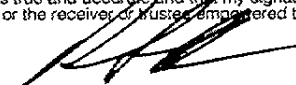
1100000094315  
 03/22/04-80054-016 50.00

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEEDLE, ROBERT 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEEDLE, DAVID 5201 VILLAGE BLVD. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNO, AL 1230 NORTH LAKE WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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 appointed to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3-17-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #