

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
DD Jan 23, 2006 08:00 AM
 Secretary of State

DOCUMENT # L01000005552



Entity Name
 310 CONGRESS PARTNERS, LLC

Principal Place of Business
 201 VILLAGE BLVD.
 WEST PALM BEACH, FL 33407

Mailing Address
 5201 VILLAGE BLVD.
 WEST PALM BEACH, FL 33407



Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
 65-1102584

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEDLE, ROBERT
 201 VILLAGE BLVD.
 WEST PALM BEACH, FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	ADDITIONS/CHANGES
MGR	NEEDLE, ROBERT	5201 VILLAGE BLVD	WEST PALM BEACH, FL 33407					<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	NEEDLE, DAVID	5201 VILLAGE BLVD.	WEST PALM BEACH, FL 33407					<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	BRUNO, AL	1230 NORTH LAKE WAY	PALM BEACH, FL 33480					<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000398081
 01/30/06-80081-008 50.00

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:

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

1/16/05 561-687-1901
 Date Daytime Phone #