

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006368
AF

DOCUMENT # **L99000001917**

1. Entity Name
7800 CONGRESS, L.C.

'00 APR 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431**

Mailing Address
**5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431-4469**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
6530 W. Rogers Circle
Suite, Apt. #, etc.
SUITE 31
City & State
BOCA RATON, FL
Zip
33487
Country
USA

MUM

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0921595

Applied For
Not Applicable

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

**KIRSCHNER, MITCHELL B ESQ
MANDEL WEISMAN & KIRSCHNER, P.A.
2101 CORPORATE BOULEVARD, N.W., SUITE 300
BOCA RATON FL 33431**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM LEADER, SEAN	5000 BLUE LAKE DRIVE, SUITE 150	BOCA RATON FL 33431	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
500003249575--1			<input type="checkbox"/>	<input type="checkbox"/>
-05/11/00--01126--017			<input type="checkbox"/>	<input type="checkbox"/>
*****50.00 *****50.00			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: *4/23/00* Daytime Phone #: *561-995-7878*

CR2E083 (9/99)