2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

, Zip

DELRAY BEACH FL 33444

125 NORTH CONGRESS AVENUE. SUITE 1 &2

DOCUMENT # L0000009477

Principal Place of Business

2. Principal Place of Business

DELRAY BEACH FL 33444

Suite, Apt. #, etc.

City & State

Zip

125 NORTH CONGRESS AVENUE. SUITE 1 82

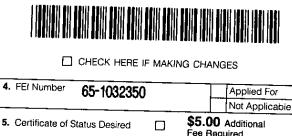
CONGRESS INDUSTRIAL SQUARE, L.L.C.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90321 008 ***150.00

20012643



SPADAVECCHIA, JOHN 125 NORTH CONGRESS AVENUE, SUITE 1 &2 **DELRAY BEACH FL 33444**

6. Name and Address of Current Registered Agent

Country

		Fee Required				
Name	7Name and Address of	of New Registered A	gent			
Street Address	s (P.O. Box Number is Not Ac	ceptable)		 -		
City		FL	Zip Code			
-4:						

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

Country

(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

		le By May 1, 200	03		
9. MANAGING MEMBERS/MANAGERS		10.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPADAVECCHIA, JOHN 125 NORTH CONGRESS AVENUE, SUITE 1 &2 DELRAY BEACH FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINICK SPADAVECCHIA 928 NYACINTH DR DELRAY BCH FL 33483	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENT SPADAVECCHIA 5780 NW LZTR	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARKLAND FL 33017	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cei	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE

CR2E083 (10/02)