

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90274 037 \*\*\*\*50.00

**DOCUMENT # L00000011181**

**1. Entity Name**

**CONGRESS ACQUISITION WEST, LLC**



**Principal Place of Business**

10400 GRIFFIN RD., #210  
COOPER CITY, FL 33328

**Mailing Address**

10400 GRIFFIN RD., #210  
COOPER CITY, FL 33328



03042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

65-1041154

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

LEONARD, C. GLENN  
4875 N. FEDERAL HWY., 10TH FLOOR  
FT LAUDERDALE, FL 33308

**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**

*Robert Williamson*  
Signature, typed or printed name of registered agent and title if applicable.

*Robert Williamson*  
(NOTE: Registered Agent signature required when reinstating)

*3/15/04*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
P  
WILLIAMSON, ROBERT  
999 RIVIERA ISLE  
FT LAUDERDALE, FL 33301

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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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)(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:**

*Robert Williamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3/15/04 954-434-7925*