2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 AUG -8 AM 10: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

7. Name and Address of New Registered Agent
Name: C. Glenn Leonard
Street Address (P.O. Box Number is Not Acceptable): 1995 East Oakland Park Blvd, Suite 105
City: Ft. Lauderdale FL Zip Code: 33306

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE P
NAME Barbara Williamson
STREET ADDRESS 10400 Griffin Road, #210
CITY-ST-ZIP Cooper City, Fl 33328
☒ Change ☐ Addition

700108993827
08/21/07--01065--006 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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: Barbara Williamson, Pres. 7/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Barbara Williamson