JUL. 20. 2007 11:29AM LEONARD & MORRISON No. 2914 P. 3

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 AUG -8 AM 10: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000011181

1. Entity Name
CONGRESS ACQUISITION WEST, LLC

Principal Place of Business	Mailing Address
10400 GRIFFIN RD., #210 COOPER CITY, FL 33328	10400 GRIFFIN RD., #210 COOPER CITY, FL 33328

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
LEONARD, C. GLENN 4875 N. FEDERAL HWY., 10TH FLOOR FT LAUDERDALE, FL 33308	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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, ROBERT 999 RIVIERA ISLE FT LAUDERDALE, FL 33301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara Williamson 10400 Griffin Road, #210 ~~Cooper City, Fl 33328~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700108393827 08/21/07--01065--006 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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