2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000011426

1. Entity Name

CONGRESS INVESTORS WEST, LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
4901 NORTH FEDERAL HWY.. STE. 400	4901 NORTH FEDERAL HWY.. STE. 400
FT LAUDERDALE FL 33308	FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 65-1041154	Applied For / Not Applicable
Zip / Country	Zip / Country	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
BALDOVIN, SARAGA & LIPSHY, P.A. 201 N.E. FIRST AVE. DELRAY BEACH FL 33444	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	MGRM CAROSELLA, JOE 4901 NORTH FEDERAL HWY., STE. 400 FT LAUDERDALE FL 33308	☐ 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	000004164270--3 -05/09/01--01020--013 *****50.00 *****50.00	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (11/00)

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: _____ Joe Carosella   1/23/01   (954) 772-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #