

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90077 008 \*\*\*\*50.00

DOCUMENT # L00000013516

1. Entity Name

1000 CONGRESS, L.L.C.



Principal Place of Business

~~970 NORTH CONGRESS AVE  
WEST PALM BEACH FL 33409~~

Mailing Address

~~970 NORTH CONGRESS AVE  
WEST PALM BEACH FL 33409~~

64001000

2. Principal Place of Business

1000 NORTH CONGRESS AVE

3. Mailing Address

1000 NORTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

Zip

33409

Country

4. FEI Number

65-1099205

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

BELTRANO, ALDO  
970 NORTH CONGRESS AVE  
WEST PALM BEACH FL 33409

Name

ALDO BELTRANO

Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH CONGRESS AVE

SUITE G

City

WEST PALM BEACH

FL

Zip Code

33409

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

APRIL 19, 2004

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME BELTRANO, ALDO  
STREET ADDRESS 970 NORTH CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1000 NORTH CONGRESS AVE, SUITE G  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ALDO BELTRANO, MGRM APRIL 19, 2004 (561) 712-9493

Date

Daytime Phone #