2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

| DOCL | IMENT | # I | _0000001 | 3516 |
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1. Entity Name 1000 CONGRESS, L.L.C.



Principal Place of Business

Mailing Address

1450 ENCLAVE CIRCLE WEST PALM BEACH, FL 33411 1450 ENCLAVE CIRCLE WEST PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE

04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1099205 Applied For Not Applicable

5. Certificate of Status Desired

X.

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUDE, HARALD 1450 ENCLAVE CIRCLE WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of cha ions of registered agent. | nging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
|---|---|--|--|--|
| 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 \$138.75 After May 1, 2008 Fee will be \$538.75 | | | 000000938580 05/27/08-80097-005 143.75 | |
| 9. | MANAGING MEMBERS/MANAGERS | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUDE, HARALD 1450 ENCLAVE CIRCLE WEST PALM BEACH, FL 33411 | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | . , : | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN ' | IN THIS SPACE | |
| TITLE | | | | |

11. I hereby certify that the information supplied with this filling 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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

1/25/08

561-333-404