

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005552

1. Entity Name
1310 CONGRESS PARTNERS, LLC



Principal Place of Business
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

Mailing Address
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407



03082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1102584	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

NEEDLE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000094315
03/22/04-80054-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NEEDLE, ROBERT
STREET ADDRESS	5201 VILLAGE BLVD
CITY- ST- ZIP	WEST PALM BEACH, FL 33407

TITLE	MGRM
NAME	NEEDLE, DAVID
STREET ADDRESS	5201 VILLAGE BLVD.
CITY- ST- ZIP	WEST PALM BEACH, FL 33407

TITLE	MGRM
NAME	BRUNO, AL
STREET ADDRESS	1230 NORTH LAKE WAY
CITY- ST- ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

3-17-04

Date Daytime Phone #