## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

## DOCUMENT # L01000010446

1. Entity Name

CONGRESS CAPITAL, LLC



**FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90056 042 \*\*\*\*50.00

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					GOO WE THE						
Principal Plac	ice of Business		Mailing Address								
159 COMMODORE DRIVE JUPITER FL 33477			159 COMMODORE DRIVE JUPITER FL 33477								
2. Principal f	Place of Busines	ss	3. Mailing Address								
			5. Maining Address	, walling / tagless			BII BII ODIBI (IBII OBIII OBIII I		ii <b>es</b> ili <b>e</b> ich	BIRIO CINI ICON	
Suite, Apt.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State		4. FEI Num	ber <b>33-0997432</b>			Applied For Not Applicable	
Zip		Country	Zip			5. Certifica	te of Status Desired		\$5.00 Ad	dditional	
	6. Name a	nd Address of Current	Registered Agent			7. Name ar	nd Address of New Re	gistered A	gent		
450		NEN L JR ESQ 1 WAY, SIXTH FLOO 33480	R		Name Street Address (P.O. Box Number is Not Acceptable)						
		·			City			FL	Zip Co	de	
8. The above	named entity s	ubmits this statement for	or the purpose of changing its	registere	d office or regis	tered agent, or h	oth in the State of Elevi		1		
the obligat	tions of registere	ed agent.	or the purpose of changing its	registere	a onice or regis	lered agent, or b	otri, in the State of Flori	da. Tam ta	imiliar with	, and accept	
SIGNATURE .	_										
	Signature, typed or p	printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature requ	ired when reinstating)		DATE		<del> </del>	
			FILE NO	) 	EE IS \$50.00	0					
			Make Check Payab				•				
					y 1, 2003	ľ					
9.		MANAGING MEMBE	RS/MANAGERS	10.	<del></del>		ADDITIONS/C	HANGES	···		
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NAME	BRUNO, AL			NAME					onungo		
STREET ADDRESS		ODORE DRIVE		STREE	T ADDRESS						
CITY-ST-ZIP	JUPITER FL	33477		CITY-	ST-ZIP	<u> </u>					
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TITLE   NAME			☐ Delete	TITLE	1			. [	☐ Change	☐ Addition	
STREET ADDRESS				NAME STREET	ADDRESS						
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	ertify that the inf	ormation supplied with	this filing does not available for	the every	ntion stated in C	**************************************	70 Ft. 11 G				
indicated of limited liab	on this report is pility company o	true and accurate and the receiver or trustee	this filing does not qualify for hat my signature shall have th empowered to execute this re	ne same l eport as re	egal effect as if equired by Char	ection 119.07(3)( made under oath oter 608, Florida (	(i), Horida Statutes. I fu i; that I am a managing Statutes.	rther certify member	that the ir or manage	nformation r of the	