2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000042887

1. Entity Name
THE LODGE AT 2135 CONGRESS, LLC



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2623 YARMOUTH DRIVE WELLINGTON, FL 33414 2623 YARMOUTH DRIVE WELLINGTON, FL 33414



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2414551

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Name and Address of Current Registered Agent
 HECTOR I

DE VILLEGAS, HECTOR J 2623 YARMOUTH DRIVE WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aignature required when reinstating)		DATE
lling Fee is \$50.00 ue by May 1, 2007			
MANAGING MEMBERS/MANAGERS			**************************************
MGR			
1			
1			
776.1.1107014, 111 33414			11000000000000
			U00000683946
			04/06/07-80013-010 50.00
		DO	NOT WRITE
		IN 7	THIS SPACE
	Signature, typed or printed name of registered agent and title if applicable. Illing Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registared Illing Fee Is \$50.00 we by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR DE VILLEGAS, HECTOR J 2623 YARMOUTH DRIVE	Signature, typed or printed name of registered agent and title if applicable. (NOTE Registared Agent algorithm reinstating) Illing Fee Is \$50.00 WANAGING MEMBERS/MANAGERS MGR DE VILLEGAS, HECTOR J 2623 YARMOUTH DRIVE WELLINGTON, FL 33414

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

JULY AND THE DEPOTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

Hector Diaz de Villegas, M.D.

3/30/07

3614321822

Daytime Phone 4